

4723-1-01

Board organization.

- (A) The board shall elect a president and vice-president from among the nurse members of the board for one-year terms during the last regularly scheduled board meeting of the calendar year. The new officers shall assume their duties on the first day following the board meeting at which they were elected.
- (B) The president shall preside at all meetings of the board. In the absence of the president the vice-president shall preside.
- (C) The board shall elect a supervising member for disciplinary matters from among the registered nurse members of the board for a one-year term during the last regularly scheduled board meeting of the calendar year. The new supervising member shall assume his or her duties on the first day following the board meeting at which he or she was elected.
- (1) A former supervising board member who remains a member of the board may continue to serve in the supervising member capacity regarding cases initiated under his or her supervision that remain under review at the expiration of his or her one-year term as supervising member.
- (2) In the event the supervising member has a conflict of interest in a particular case, the board president shall serve as the supervising member for purposes of reviewing that case.
- (D) The board shall hold regular meetings as often as necessary to carry out its duties. Meetings shall be held in locations determined by the board. The board shall provide public notice of meetings in accordance with rule 4723-1-06 of the Administrative Code.
- (E) In the event of a vacancy in the elected offices, the board shall fill the vacancy at a regular or special meeting of the board.
- (F) Except as otherwise provided in paragraph (G) of this rule, all meetings of the board shall be conducted in accordance with the ~~eleventh~~twelfth edition (~~2011~~2020) of "Robert's Rules of Order, newly revised," which can be accessed at <http://www.robertsrules.com/>.
- (G) The board may develop and approve written guidelines or policies relating to board governance matters. To the extent that such guidelines or policies conflict with provisions of the ~~eleventh~~twelfth edition (2020~~2011~~) of "Robert's Rules of Order, newly revised," which can be accessed at <http://www.robertsrules.com/>, the board-approved guidelines or policies shall control.

Effective:

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4723-1-03

Board records and documents.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in agency 4723 of the Administrative Code can be found in paragraph (G) of this rule.]

- (A) The board shall maintain a record of all applicants for, and holders of, licenses and certificates issued by the board under Chapter 4723. of the Revised Code and any rules adopted under that chapter, in the format determined by the board.
- (B) A change in name shall be submitted to the board on a "Name Change Form," dated 2016, available at <http://www.nursing.ohio.gov/forms.htm>, within thirty days of the change and shall be accompanied by a certified copy of one of the following documents:
 - (1) A marriage certificate or abstract;
 - (2) A dissolution or divorce decree;
 - (3) A court record indicating a change of name; or
 - (4) Documentation of a change in name consistent with the laws of the jurisdiction or foreign country where the name change occurred.
- (C) A notification of a change in address shall be submitted in writing or electronically, by the licensee or certificate holder to the board within thirty days of the change.
- (D) Documents submitted to the board may be returned at the discretion of the board.
- (E) Wall certificates or other documents issued by the board as evidence of licensure, certification, or other authorization to practice shall not be falsified or altered.
- (F) For purposes of Chapters 4723-1 to 4723-27 of the Administrative Code, when an applicant for licensure or certification, or renewal, reactivation or reinstatement of licensure or certification, submits a criminal records check completed by the bureau of criminal identification and investigation, the board shall consider the records check information to be valid for a period of one year from the date the information was received by the board. This provision shall not apply to criminal records checks required to be obtained according to the terms of board adjudication orders or consent agreements.
- (G) Incorporated materials:

- (1) "Advanced Practice Registered Nurse License Application Certified Nurse Midwife,"~~2019,~~ dated ~~2019~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- (2) "Advanced Practice Registered Nurse Application Certified Nurse Practitioner," dated 2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- (3) "Advanced Practice Registered Nurse Application Certified Registered Nurse Anesthetist," dated 2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- (4) "Advanced Practice Registered Nurse Application Clinical Nurse Specialist," dated 2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(2)~~(5) "Advanced Practice Registered Nurse License Reactivation and Reinstatement Application," dated ~~2017~~2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(3)~~(6) "Alternative Program for Substance Use Disorder Admission Application," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(4)~~(7) "Application for Initial Approval/Reapproval of a Testing Organization that Conducts an Examination of Dialysis Technicians," dated 2020, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(5)~~(8) "Application to Perform Limited Intravenous Therapy in Ohio as a LPN and Certification of CE Course Completion," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(6)~~(9) "Certified Registered Nurse Anesthetist Renewal Application," dated ~~2019~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(7)~~(10) "Certified Nurse Midwife Renewal Application," dated ~~2019~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(8)~~(11) "Certified Nurse Practitioner Renewal Application," dated ~~2019~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(9)~~(12) "Clinical Nurse Specialist Renewal Application," dated ~~2019~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(10)~~(13) "Community Health Worker Application," dated ~~2019~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;

- ~~(11)~~(14) "Community Health Worker Reactivation and Reinstatement Application," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(12)~~(15) "Community Health Worker Renewal Application," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(13)~~(16) "Community Health Worker Training Program Approval Application," dated ~~2019~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(14)~~(17) "Community Health Worker Training Program Re-Approval Application," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(15)~~(18) "Dialysis Technician Intern Application," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(16)~~(19) "Dialysis Technician Application," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(17)~~(20) "Dialysis Technician Reactivation and Reinstatement Application," dated 2017, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(18)~~(21) "Dialysis Technician Renewal Application," dated 2017, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(19)~~(22) "Dialysis Technician Training Program Application for Initial Board Approval," dated 2018, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(20)~~(23) "Dialysis Technician Training Program Re-Approval Application," dated 2018, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(21)~~(24) "Education Program PN Annual Report Form," dated ~~2020~~2021, for licensed practical nursing education programs, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(22)~~(25) "Education Program RN Annual Report Form," dated ~~2020~~2021, for registered nursing education programs, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(23)~~(26) "Education Program PN Presurvey Visit Report Form," dated 2017, for licensed practical nursing education programs may be obtained at <http://www.nursing.ohio.gov/forms.htm>;

- ~~(24)~~(27) "Education Program RN Presurvey Visit Report Form," dated 2017, for registered nursing education programs, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(25)~~(28) "LPN Reactivation and Reinstatement Application," dated ~~2016~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(26)~~(29) "LPN Renewal Application," dated 2020, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(27)~~(30) "Medication Aide Application," dated 2017, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(28)~~(31) "Medication Aide Reactivation and Reinstatement Application," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(29)~~(32) "Medication Aide Renewal Application," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(30)~~(33) "Medication Aide Training Program Application," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(31)~~(34) "Medication Aide Training Program Re-Approval Application," dated ~~2016~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(32)~~(35) "Name Change Form," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(33)~~(36) "Nursing Licensure by Endorsement Application," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(34)~~(37) "NEGP Annual Report Year 1," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(35)~~(38) "NEGP Annual Report Year 2," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(36)~~(39) "NEGP Quarterly Progress Report," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(37)~~(40) "NEGP RFP," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;

- (41) "Nursing Licensure by Endorsement Application, LPN" dated 2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- (42) "Nursing Licensure by Endorsement Application, RN" dated 2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(38)~~(43) "Nursing Licensure by Examination Application, LPN," dated ~~2016~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- (44) "Nursing Licensure by Examination Application, RN," dated 2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(39)~~(45) "OBN Approver Application," dated 2019, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(40)~~(46) "PN New Program Proposal Application," dated 2017, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(41)~~(47) "RN New Education Program Proposal Application," dated 2017, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(42)~~(48) "RN Reactivation and Reinstatement Application," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(43)~~(49) "RN Renewal Application," dated ~~2019~~2021, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(44)~~ "Request for Replacement Wall Certificate Form," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(45)~~(50) "Verification Form Organizations Certifying Advanced Practice Registered Nurses: Certified Nurse Midwives (CNMs), Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNSs), and Certified Registered Nurse Anesthetists (CRNAs)," dated 2020, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(46)~~(51) "Volunteer's Certificate Application," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(47)~~(52) "Volunteer's Certificate Reactivation and Reinstatement Application," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>;
- ~~(48)~~(53) "Volunteer's Certificate Renewal Application," dated 2016, may be obtained at <http://www.nursing.ohio.gov/forms.htm>.

(H) The board shall approve a list of criminal offenses that disqualify or may potentially disqualify an applicant from licensure or certification, in accordance with division (B) of section 9.79 of the Revised Code, and post the list on the board's website. The board may periodically revise the list and re-post the updated list on the board's website.

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02/01/2016, 04/01/2017, 01/01/2018, 11/05/2018,
02/01/2020, 02/01/2021

4723-5-01

Definitions.

For the purpose of this chapter, the following definitions shall apply:

- (A) "Administrator of the program" or "program administrator" means the registered nurse who is administratively responsible for a program.
- (B) "Advanced standing" means credit granted for prior nursing courses or transfer credit, according to the policy required by paragraph (A)(3) of rule 4723-5-12 of the Administrative Code.
- (C) "Accelerated program" means a program or program track that accepts applicants with a non-nursing baccalaureate or higher degree, and that provides a pre-license nursing education program curriculum that meets the requirements of rule 4723-5-13 of the Administrative Code, except that the program spans a minimum of fifty-two weeks of clinical courses.
- (D) "Associate program administrator" means a registered nurse who meets the requirements set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program or rule 4723-5-11 of the Administrative Code for a practical nursing education program.
- ~~(D)~~(E) "Change of control" means transfer of the authority to manage, direct, or supervise a program from a controlling agency to another entity, including, but not limited to, the power, directly or indirectly, to direct the management or policies of a program or to vote fifty per cent or more of any class of voting interest in an entity that is the controlling agency.
- ~~(E)~~(F) "Clinical course" means a nursing course that includes clinical experience.
- ~~(F)~~(G) "Clinical experience" means an activity planned to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the supervised delivery of nursing care to an individual or group of individuals who require nursing care.
- ~~(G)~~(H) "Compliance" means a program meets and maintains the requirements set forth in this chapter.
- ~~(H)~~(I) "Conceptual framework" means the key concepts and basic themes drawn from the program's philosophy that form the basis for the curriculum.
- ~~(I)~~(J) "Conditional approval" means the initial approval status granted to a proposed program that meets and maintains the requirements of this chapter. Conditional approval authorizes implementation of the program and is required prior to the final acceptance of a student into the program.

~~(K)~~(K) "Controlling agency" means the entity that grants credentials upon completion of a program and under which a program is organized and administered.

~~(L)~~(L) "Course objectives or outcomes" means the cognitive, psychomotor, or affective knowledge and skills to be learned by the nursing student upon completion of a course.

~~(M)~~(M) "Current, valid license" and "current, valid licensure" mean, for the period from February 1, 2008 to February 1, 2016, an individual holds a license issued under Chapter 4723. of the Revised Code that is not inactive, suspended, revoked, or currently subject to any restrictions, and for which the individual continues to meet all of the requirements for issuance.

~~(N)~~(N) "Current, valid license" and "current, valid licensure" mean an individual holds a license to practice nursing issued under Chapter 4723. of the Revised Code that is not inactive, suspended, revoked, subject to restrictions, or subject to a consent agreement or board order with remaining terms or conditions that the individual has not satisfied, and for which the individual continues to meet all of the requirements for issuance.

~~(O)~~(O) "Curriculum" means all theory components, clinical components, and laboratory experiences that must be successfully completed for admission to licensure examinations.

~~(P)~~(P) "Faculty" means a registered nurse who meets the faculty requirements set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program or rule 4723-5-11 of the Administrative Code for a practical nursing education program. Faculty:

- (1) Plan and teach all courses containing nursing objectives, or direct the teaching of those courses provided by teaching assistants;
- (2) Report to the program administrator or associate administrator; and
- (3) Contribute to the evaluation and implementation of, or changes in program curriculum.

~~(Q)~~(Q) "Full approval" means the approval status granted to a program that meets and maintains the requirements of this chapter. Full approval may be granted for a five-year period to:

- (1) A program with conditional approval after completion of the program by the first class who entered the program immediately after conditional approval was granted, provided the program meets and maintains the requirements of this chapter;

(2) A program with full approval demonstrating that the requirements of this chapter continue to be met and maintained; or

(3) A program with provisional approval if the board determines that the program is meeting and maintaining the requirements of this chapter and if the established time period for provisional approval has expired.

~~(Q)~~(R) "High fidelity" means experiences using full scale computerized patient simulators, virtual reality or standardized patients that are extremely realistic and provide a high level of interactivity and realism for the learner.

~~(R)~~(S) "Jurisdiction" means any state, territory, or political subdivision of the United States of America in which a board or legal approving authority regulates nurse licensure and nursing practice and maintains membership in the national council of state boards of nursing.

~~(S)~~(T) "Laboratory experience" means an activity planned to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the performance of nursing activities or tasks in a simulated clinical environment, which may include the opportunity to practice nursing skills through the reproduction of life-like health care experiences using computerized models and simulator programs.

~~(T)~~(U) "Life span" means conception to death.

~~(U)~~(V) "Low fidelity" means experiences such as case studies, role-playing, using partial task trainers or static mannequins to immerse students in a clinical situation or practice of a specific skill.

~~(V)~~(W) "Mid or moderate fidelity" means experiences that are more technologically sophisticated, such as computer-based self-directed learning systems simulations in which the participant relies on a two-dimensional focused experience to problem solve, perform a skill, and make decisions, or which use mannequins that are more realistic than static low- fidelity ones and have breath sounds, heart sounds and/or pulses.

~~(W)~~(X) "Observational experience" means faculty assigned learning experiences during which a student observes the delivery of care to patients, but does not participate in providing nursing care.

~~(X)~~(Y) "Organizing theme" means the concepts drawn from one or more theorists that provide a description as to how the concepts serve as a basis for curriculum development.

~~(Y)~~(Z) "Patient simulation" means the replication of a real world patient in situ through accurate representations of patient cues and stimuli that a student is to observe, analyze, interact, and respond to with right nursing judgments and actions. The replication may be provided through the use or combination of low fidelity, mid or moderate fidelity, or high fidelity experiences.

~~(Z)~~(AA) "Pharmacotherapeutics" means knowledge and intervention related to the administration of medications and includes, but is not limited to, drug actions and interactions, indications for and usage of the drug, contraindications, dosage, route of administration, side effects of the drug, and nursing implications.

~~(AA)~~(BB) "Philosophy" means beliefs about the nature of the individual, society or community, nursing, health, teaching, and learning.

~~(BB)~~(CC) "Practical nursing education program" means a nursing education program that leads to initial licensure as a licensed practical nurse.

~~(CC)~~(DD) "Preceptor" means a registered nurse or licensed practical nurse who meets the requirements of this chapter, who provides supervision of a nursing student's clinical experience at the clinical agency in which the preceptor is employed, to no more than two students at any one time, and who implements the clinical education plan at the direction of a faculty member responsible for the course in which the student is enrolled.

~~(DD)~~(EE) "Program" means an approved nursing education program leading to initial licensure to practice as a nurse that issues a program completion letter to the board.

~~(EE)~~(FF) "Program objectives or outcomes" means the cognitive, psychomotor, or affective knowledge and skills to be learned by a nursing student upon completion of a program.

~~(FF)~~(GG) "Provisional approval" means the approval status granted in accordance with this chapter to a program that was previously granted full approval, but fails to meet and maintain the requirements of this chapter. Provisional approval is granted for a specific time period.

~~(GG)~~(HH) "Registered nursing education program" means a professional nursing education program that leads to initial licensure as a registered nurse.

~~(HH)~~(II) "Representative of the board" means an employee of the board or an individual designated by the board to act on the board's behalf.

~~(II)~~(JJ) "Resume" means a resume, curriculum vitae, or any other record that summarizes an individual's education and nursing related employment history, including the

locations of educational institutions and employers, dates of graduation, months and years of employment, and description of job functions performed.

~~(JJ)~~(KK) "Structured setting" means a setting in which direction and supervision are readily available; written policies and procedures are in place; and information, material, and human resources are easily accessed.

~~(KK)~~(LL) "Supervision of a nursing student in a clinical setting" means that a faculty member, teaching assistant, or preceptor is immediately available to the nursing student at all times to provide guidance and review of the student's performance.

~~(LL)~~(MM) "Survey report" means any report, or any summary of such a report, prepared by a representative of the board that contains information from an on-site review of a program or proposed program.

~~(MM)~~(NN) "Survey visit" means an on-site review of a program or proposed program by a representative of the board to determine whether the program meets and maintains the requirements of this chapter for nursing education programs.

~~(NN)~~(OO) "Teaching assistant" means a person employed to assist and work at the direction of a faculty member providing instruction in the classroom, laboratory, or in a clinical setting in which nursing care is delivered to an individual or group of individuals, and who meets the qualifications set forth in this chapter.

~~(OO)~~(PP) "Teaching strategy" means a system of instructional processes designed to meet course objectives or outcomes.

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4723-5-08

Requirements for seeking conditional approval.

[Comment: Information regarding the availability and effective date of materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) In order to obtain conditional approval, a program applicant shall first submit a letter of intent to the board:

(1) The letter of intent must include the following information and records:

- (a) The type of program the applicant intends to establish;
- (b) The location of the program and a detailed assessment of the need for a new nursing education program in the area;
- (c) The name and credentials of the registered nurse who will serve as the program administrator, if known at the time the letter is submitted, as well as the program administrator's:
 - (i) Resume; and
 - (ii) Official transcripts verifying academic preparation that satisfies the requirements set forth in rule 4723-5-10 of the Administrative Code if the proposed program is a registered nursing education program or rule 4723-5-11 of the Administrative Code if the proposed program is a practical nursing education program;
- (d) A list of potential sites for students to obtain clinical experience as required by rule 4723-5-13 of the Administrative Code for a registered nursing education program, and rule 4723-5-14 of the Administrative Code for a practical nursing education program.
- (e) A certified copy of a document indicating that the applicant is approved, authorized, or has a certificate of registration issued by:
 - (i) The Ohio department of higher education;
 - (ii) The Ohio department of education; or
 - (iii) The state board of career colleges and schools.

(2) If information about the program administrator is not available at the time of submission of the letter of intent, the applicant shall submit a subsequent letter

at the time of appointment of an individual to serve as program administrator that includes the information required by paragraph (A)(1)(c) of this rule.

- (3) In order to meet the requirements of paragraph (A)(1)(e) of this rule, an applicant may submit a copy of its application for a certificate of registration, filed with the state board of career colleges and schools if:
 - (a) The state board of career colleges and schools has not made a decision regarding the certificate of registration at the time the applicant submits a letter of intent to the board; and
 - (b) At least thirty days before the board considers the program for full approval status, as set forth in paragraph (A) of rule 4723-5-04 of the Administrative Code, the program submits a certified copy of certificate of registration from the state board of career colleges and schools demonstrating that the program has been approved by the state board of career colleges and schools.
- (B) When the board receives the information set forth in paragraph (A) of this rule and has verified that the program administrator satisfies the requirements of this chapter, the board shall notify the program that the program administrator meets the requirements of paragraph (A)(1)(c) of this rule.
- (C) In order to obtain conditional approval, the applicant program administrator shall submit a complete "PN New Program Proposal Application" or "RN New Program Proposal Application" that includes the following:
 - (1) The defined target region from which the student population will be drawn;
 - (2) The planned strategy for establishing the proposed program within the defined target region that includes, but is not limited to, documentation with referenced data addressing the following:
 - (a) The shortage or surplus of existing registered nurses if the proposal is for a registered nursing education program;
 - (b) The shortage or surplus of existing licensed practical nurses if the proposal is for a practical nursing education program;
 - (c) Copies of letters of intent from proposed clinical education sites to the applicant, indicating that the site should be able to accommodate the applicant's students. The letters of intent submitted by the applicant to the board must demonstrate that the proposed program would be able to provide students clinical experiences that meet course objectives

or outcomes, provide students the opportunity to practice skills with individuals or groups across the life span, and provide students clinical experience at sites concurrent with related theory instruction;

- (3) The official name and address of the proposed program and the proposed program's controlling agency;
- (4) The planned date for admission of the first class and a projected date of completion for the first graduate of the proposed program;
- (5) The following information and documents:
 - (a) Organization and administration of the program as set forth in rule 4723-5-09 of the Administrative Code;
 - (b) Qualifications of administrators, faculty, teaching assistants and preceptors for a registered nursing education program as set forth in rule 4723-5-10 of the Administrative Code, or for a practical nursing education program as set forth in rule 4723-5-11 of the Administrative Code;
 - (c) Proposed policies as set forth in rule 4723-5-12 of the Administrative Code;
 - (d) Proposed curriculum for a registered nursing education program as set forth in rule 4723-5-13 of the Administrative Code, or for a practical nursing education program as set forth in rule 4723-5-14 of the Administrative Code;
 - (e) Proposed evaluation plan of the program as set forth in rule 4723-5-15 of the Administrative Code;
 - (f) The program contractual relationships as set forth in rule 4723-5-17 of the Administrative Code;
 - (g) Responsibilities of faculty teaching a nursing course as set forth in rule 4723-5-19 of the Administrative Code;
 - (h) Responsibilities of faculty, teaching assistants and preceptors in a clinical setting involving the delivery of care to an individual or group of individuals as set forth in rule 4723-5-20 of the Administrative Code;
 - (i) Program records maintenance plan as set forth in rule 4723-5-21 of the Administrative Code; and
- (6) Other information requested by the board.

- (D) After a representative of the board determines that a proposal is complete, the proposed program shall be subject to a survey visit in accordance with paragraph (A)(3) of rule 4723-5-06 of the Administrative Code. The board has discretion to conduct the initial survey either before the program is granted conditional approval, or after approval and within the first eight months of the program's operations as provided in paragraph (A)(3) of rule 4723-5-06 of the Administrative Code. A report of the survey visit shall be provided to the administrator of the program.
- (E) If an applicant for a proposed program fails to communicate with the board for a period of one year following receipt of the letter of intent required by paragraph (A) of this rule, or following submission of the program proposal required by paragraph (C) of this rule, the board shall consider that the letter of intent or the program proposal has been withdrawn.
- (F) At a regularly scheduled board meeting, the board shall review a summary of the proposal and review the survey visit report to consider the approval status of the program. At the board's request, the administrator of the program, who prepared the proposal, shall present the proposal to the board and may provide any additional information.
- (G) If the board determines that the requirements of this chapter are met, and the proposal outlines a plan for maintaining the requirements, the program shall be granted conditional approval.
- (H) If the board determines that the requirements of this chapter have not been met or maintained where applicable, the board shall propose to deny conditional approval in accordance with Chapter 119. of the Revised Code. The adjudication may result in the granting of conditional approval, granting of conditional approval based on compliance with the terms and conditions of a board order or consent agreement, or denial of conditional approval.
- (I) A proposed program shall not accept students into the program until the board grants conditional approval to the program.
- (J) When conditional approval is granted to a program, the program shall be implemented with the first class entering on the date originally identified by the proposed program. If circumstances alter the plan to admit students on the originally identified date, the program shall submit to the board, not more than seven business days following the originally identified implementation date, a written request for an extension of the implementation date.

- (K) During the period of conditional approval, the administrator of the program shall submit progress reports to the board as directed. The progress reports shall include at least the following information:
- (1) A summary of the evaluations of each course implemented by the program faculty;
 - (2) A summary of the evaluations of each clinical experience in relation to the established clinical objectives;
 - (3) Verification of meeting and maintaining the requirements of this chapter;
 - (4) Any problem related to this chapter encountered during the implementation of the program, and measures used to resolve each problem;
 - (5) Any variation from the proposal occurring in the implementation process and the rationale for the variation;
 - (6) The number of students who have been admitted and are continuing in the program;
 - (7) Copies of executed contracts with cooperating entities for student clinical experience. The program shall include with each contract information indicating the name of the nursing education course to which the contract corresponds; and
 - (8) Other information requested by the board.
- (L) A survey visit of a program with conditional approval may be conducted by a representative of the board when deemed necessary.
- (M) Prior to completion of the program by the first class who entered the program after conditional approval was granted, a survey visit shall be conducted by a representative of the board in accordance with rule 4723-5-06 of the Administrative Code to determine whether the program is meeting and maintaining the requirements of this chapter.
- (N) In accordance with rule 4723-5-04 of the Administrative Code, the approval status of a program with conditional approval shall be reconsidered by the board after completion of the program by the first class that entered the program immediately after conditional approval was granted.
- (O) The provisions of this rule do not apply to a program that intends to expand to another location provided that the program in the new location is governed by the same controlling agency and has the same philosophy, conceptual framework or organizing

theme, program objectives or outcomes, curriculum and admission, progression and completion policies as the program currently approved, and the program satisfies the following prior to accepting students in another location:

- (1) Provides written notice to the board no later than ninety days prior to expanding to another location;
 - (2) Submits to the board the information and documentation required by paragraphs (C)(1), (C)(2), (C)(3), (C)(4) and (C)(6) of this rule to explain the need for the nursing program in the location for which an expansion is planned.
- (P) The board may deny approval to a person who submits or causes to be submitted false, misleading or deceptive statements, information, or documentation to the board in the process of applying for approval of a new education program, pursuant to an adjudication conducted under Chapter 119. of the Revised Code.

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4723-5-09

Organization and administration of the program.

(A) The program shall have and implement a plan of organization and administration that clearly shows:

- (1) The relationship between the program and the controlling agency;
- (2) How faculty and students are involved in determining academic and program policies and procedures, planning curriculum, and program evaluation;
- (3) How faculty are involved in implementing academic and program policies and procedures.

(B) The program shall be administered by a registered nurse administrator who meets the qualifications set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program, or rule 4723-5-11 of the Administrative Code for a practical nursing education program. The program administrator shall have the authority, accountability, and responsibility for all aspects of the program including but not limited to:

- (1) Providing input into the budget process;
- (2) Maintaining communication with central administration and other units of the controlling agency, faculty, teaching assistants, students, clinical agencies, and the board;
- (3) Ensuring regular meetings of the faculty and teaching assistants to facilitate communication and faculty participation in planning, implementing, and evaluating the curriculum;
- (4) Implementing an orientation process for new faculty and teaching assistants;
- (5) Recommending faculty and teaching assistants for appointment, promotion, tenure or retention, and termination as applicable;
- (6) Facilitating faculty and teaching assistant development, including enhancing educational competencies;
- (7) Establishing the faculty or teaching assistant to student ratio for direct patient care experiences at no greater a ratio than ten students to one faculty or teaching assistant, or a smaller ratio in clinical settings where necessary to ensure the safe delivery of nursing care by students, faculty, and teaching assistants;
- (8) Ensuring a written policy related to the evaluation of faculty, teaching assistants and preceptors is implemented;

- (9) Certifying to the board, in a format prescribed by the board, for each student who is an applicant for licensure in Ohio that each applicant successfully completed the requirements of a program and the date the applicant completed the program requirements;
 - (10) Submitting to the board a corrective action plan any time the program administrator submits one or more erroneous certifications of program completion to the board;
 - (11) Verifying that each nurse teaching a course in the program holds a current, valid license; and
 - (12) Maintaining resources, including but not limited to classroom and skills laboratory equipment and supplies necessary for students to successfully complete the program.
- (C) If a program has more than one location and all locations share the same philosophy, conceptual framework or organizing theme, program objectives or outcomes, curriculum and admission, progression and completion policies, the program shall be administered by a registered nurse administrator who meets the qualifications set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program, or rule 4723-5-11 of the Administrative Code for a practical nursing education program. The program administrator shall have the authority, accountability, and responsibility for all aspects of the entire program at all locations.
- (1) If the program has more than one location, each location that is more than sixty miles from the program shall be administered by a registered nurse associate administrator who meets the qualifications set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program, or rule 4723-5-11 of the Administrative Code for a practical nursing education program. The associate administrator, acting at the direction of the program administrator, shall have the authority, accountability, and responsibility for the program at the given location.
 - (2) The board may require a program that is not otherwise subject to paragraph (C) (1) of this rule to designate an associate administrator for a program location based upon consideration of the following:
 - (a) Average student census at program locations;
 - (b) Total number of program locations;
 - (c) Geographic proximity of locations to one another; and

- (d) Approval status of the program.
 - (3) The program shall develop and implement a plan of organization and administration that clearly delineates the lines of authority, accountability, and responsibility among all program locations and associate administrators.
 - (4) If a program or any of its locations fail to meet or maintain the requirements of this chapter, the approved program and all of its locations shall be subject to board review and possible board action.
 - (5) The program and all of its location must use the program's name on all signage, advertising and written materials.
- (D) The controlling agency shall ensure continuity of the administrative responsibilities for the program as follows:
- (1) If the program administrator vacates the position the controlling agency shall:
 - (a) Notify the board, in writing, no later than forty-five days following the date of the vacancy; and
 - (b) Within forty-five days of the date of vacancy, ensure that a qualified registered nurse assumes the position of program administrator or interim program administrator.
 - (2) If the program administrator is absent for more than thirty consecutive business days, the controlling agency shall:
 - (a) Notify the board, in writing, of the absence, no later than forty-five days after the thirtieth consecutive business date of absence; and
 - (b) Within forty-five days, following the thirtieth consecutive business date of absence, ~~designate~~appoint a registered nurse to replace the program administrator or designate a registered nurse to serve as an interim program administrator.
 - (3) For purposes of this rule an interim program administrator must be a registered nurse, who assumes the administrative responsibilities of the program administrator on a temporary basis, and meets all of the following requirements:
 - (a) Meets the requirements of an associate administrator as set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program, except that an individual with a master's degree in nursing may

serve as an interim program administrator for a baccalaureate program for a period not to exceed one year;

- (b) Meets the requirements of an associate administrator as set forth in rule 4723-5-11 of the Administrative Code for a practical nursing education program, except that, an individual with a bachelor of science in nursing degree may serve as an interim program administrator for a period not to exceed one year;
 - (c) Provide official transcripts to the board verifying academic preparation that satisfies the requirements of rule 4723-5-10 of the Administrative Code for a registered nursing education program or rule 4723-5-11 of the Administrative Code for a practical nursing education program; and
 - (d) Have been a faculty member with the program for a minimum of one year.
- (4) When the controlling agency appoints a new program administrator or designates an interim program administrator, the controlling agency shall notify the board, in writing, within forty-five days of the effective date of the appointment or designation and provide the name and resume of the new program administrator or interim program administrator. The controlling agency shall attest in its written notification to the board that the new program administrator or interim program administrator:
- (a) Meets the requirements for a program administrator set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program or rule 4723-5-11 of the Administrative Code for a practical nursing education program, or that the interim program administrator meets the requirements of an associate administrator of a program set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program or rule 4723-5-11 of the Administrative Code for a practical nursing education program.;
 - (b) Has provided the controlling agency official transcripts verifying academic preparation that satisfies the requirements of rule 4723-5-10 of the Administrative Code for a registered nursing education program, or rule 4723-5-11 of the Administrative Code for a practical nursing education program.

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Qualifications of administrators, faculty, teaching assistants and preceptors for a registered nursing education program.

(A) The minimum qualifications and academic preparation for administrator, faculty, teaching assistant and preceptor appointments for a registered nursing education program are as follows:

(1) For administrator of a program:

- (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph ~~(R)~~(S) of rule 4723-5-01 of the Administrative Code;
- (b) Experience for at least five years in the practice of nursing as a registered nurse, two of which have been as a faculty member in a registered nursing education program;
- (c) A master's degree with a major in nursing;
- (d) Current, valid licensure as a registered nurse in Ohio; and
- (e) If the program is a baccalaureate or graduate program, an earned doctoral degree;

(2) For an associate administrator or interim program administrator of a program:

- (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph ~~(R)~~(S) of rule 4723-5-01 of the Administrative Code;
- (b) Experience for at least five years in the practice of nursing as a registered nurse, two of which have been as a faculty member in a registered nursing education program;
- (c) A master's degree with a major in nursing; and
- (d) Current, valid licensure as a registered nurse in Ohio;

(3) For faculty teaching a nursing course:

- (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph ~~(R)~~(S) of rule 4723-5-01 of the Administrative Code;

- (b) Experience for at least two years in the practice of nursing as a registered nurse;
 - (c) A master's degree;
 - (i) If the individual does not possess a bachelor of science in nursing degree, the master's or other academic degree, including, but not limited to a Ph.D., shall be in nursing;
 - (ii) If the individual possesses a bachelor of science in nursing degree, the master's degree may be, but is not required to be, in nursing; and
 - (d) Current, valid licensure as a registered nurse in Ohio;
- (4) For a teaching assistant as defined in paragraph ~~(NN)~~(OO) of rule 4723-5-01 of the Administrative Code:
- (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph ~~(R)~~(S) of rule 4723-5-01 of the Administrative Code;
 - (b) Experience for at least two years in the practice of nursing as a registered nurse;
 - (c) A baccalaureate degree in nursing or enrollment in a graduate level course in a program for registered nurses to obtain a master's or doctoral degree with a major in nursing; and
 - (d) Current, valid licensure as a registered nurse in Ohio;
- (5) For a preceptor as defined in paragraph ~~(CC)~~(DD) of rule 4723-5-01 of the Administrative Code:
- (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph ~~(R)~~(S) of rule 4723-5-01 of the Administrative Code;
 - (b) Experience in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student;
 - (c) A baccalaureate degree in nursing is preferred; and

- (d) Current, valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.
- (B) The requirements of this rule do not prohibit an individual appointed to a position prior to February 1, 2008 from continuing to serve in the position if the individual met the rule requirements for the position at the time of appointment.
- (C) An individual who is a foreign educated nurse graduate, as defined in paragraph (D) of rule 4723-7-01 of the Administrative Code, shall be deemed to have met the academic preparation for an administrator, faculty, teaching assistant or preceptor for a registered nursing education program specified in paragraphs (A)(1)(a), (A)(2)(a), (A)(3)(a), (A)(4)(a), and (A)(5)(a) of this rule, if the individual has practiced nursing as a registered nurse in the state of Ohio, or in another jurisdiction of the national council of state boards of nursing, for at least two years.

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4723-5-12

Program policies.

(A) The administrator of the program and the faculty shall establish and implement written policies for the following:

- (1) Student admission;
- (2) Student readmission, including a requirement that the readmitted student meet the curriculum requirements effective at the time of readmission;
- (3) The process for determining the amount of credit to be granted to an applicant for advanced standing in a program;

For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, the program shall have a process in place to:

- (a) Review the individual's military education and skills training;
 - (b) Determine whether any of the military education or skills training is substantially equivalent to the curriculum established in Chapter 4723-5 of the Administrative Code;
 - (c) Award credit to the individual for any substantially equivalent military education or skills training;
- (4) Student progression, which shall include the following:
 - (a) The level of achievement a student must maintain in order to remain in the program or to progress from one level to another; and
 - (b) The requirements for satisfactory completion of each course required in the nursing curriculum;
 - (5) Requirements for completion of the program;
 - (6) Payment of fees, expenses, and refunds associated with the program;
 - (7) Procedures for student illness in the classroom and clinical settings;
 - (8) Availability of student guidance and counseling services;
 - (9) Process for students filing grievances and appeals;

- (10) A description of faculty responsibilities related to the supervision of students in accordance with section 4723.32 of the Revised Code and rule 4723-5-20 of the Administrative Code;
 - (11) Periodic evaluation by the faculty of each nursing student's progress in each course and in the program; and
 - (12) Procedures for notifying students of changes in program policies.
- (B) The program shall not implement changes to policies or requirements for student progression, or requirements for completion of the program, regarding students enrolled in the program at the time the changes are adopted.
- (C) In addition to the policies required in paragraph (A) of this rule, the program administrator and faculty shall implement policies related to student conduct that incorporate the standards for safe nursing care set forth in Chapter 4723. of the Revised Code and the rules adopted under that chapter, including, but not limited to the following:
- (1) A student shall, in a complete, accurate, and timely manner, report and document nursing assessments or observations, the care provided by the student for the patient, and the patient's response to that care.
 - (2) A student shall, in an accurate and timely manner, report to the appropriate practitioner errors in or deviations from the current valid order.
 - (3) A student shall not falsify any patient record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice. This includes, but is not limited to, case management documents or reports, time records or reports, and other documents related to billing for nursing services.
 - (4) A student shall implement measures to promote a safe environment for each patient.
 - (5) A student shall delineate, establish, and maintain professional boundaries with each patient.
 - (6) At all times when a student is providing direct nursing care to a patient the student shall:
 - (a) Provide privacy during examination or treatment and in the care of personal or bodily needs; and

- (b) Treat each patient with courtesy, respect, and with full recognition of dignity and individuality.
- (7) A student shall practice within the appropriate scope of practice as set forth in division (B) of section 4723.01 and division (B)(20) of section 4723.28 of the Revised Code for a registered nurse, and division (F) of section 4723.01 and division (B)(21) of section 4723.28 of the Revised Code for a practical nurse;
- (8) A student shall use universal and standard precautions established by Chapter 4723-20 of the Administrative Code;
- (9) A student shall not:
- (a) Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient;
 - (b) Engage in behavior toward a patient that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.
- (10) A student shall not misappropriate a patient's property or:
- (a) Engage in behavior to seek or obtain personal gain at the patient's expense;
 - (b) Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient's expense;
 - (c) Engage in behavior that constitutes inappropriate involvement in the patient's personal relationships; or
 - (d) Engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient's personal relationships.

For the purpose of this paragraph, the patient is always presumed incapable of giving free, full, or informed consent to the behaviors by the student set forth in this paragraph.

- (11) A student shall not:
- (a) Engage in sexual conduct with a patient;
 - (b) Engage in conduct in the course of practice that may reasonably be interpreted as sexual;
 - (c) Engage in any verbal behavior that is seductive or sexually demeaning to a patient;

- (d) Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a patient.

For the purpose of this paragraph, the patient is always presumed incapable of giving free, full, or informed consent to sexual activity with the student.

- (12) A student shall not, regardless of whether the contact or verbal behavior is consensual, engage with a patient other than the spouse of the student in any of the following:
 - (a) Sexual contact, as defined in section 2907.01 of the Revised Code;
 - (b) Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning.
- (13) A student shall not self-administer or otherwise take into the body any dangerous drug, as defined in section 4729.01 of the Revised Code, in any way not in accordance with a legal, valid prescription issued for the student, or self-administer or otherwise take into the body any drug that is a schedule I controlled substance.
- (14) A student shall not habitually or excessively use controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.
- (15) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of the use of drugs, alcohol, or other chemical substances.
- (16) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of a physical or mental disability.
- (17) A student shall not assault or cause harm to a patient or deprive a patient of the means to summon assistance.
- (18) A student shall not misappropriate or attempt to misappropriate money or anything of value by intentional misrepresentation or material deception in the course of practice.
- (19) A student shall not have been adjudicated by a probate court of being mentally ill or mentally incompetent, unless restored to competency by the court.

- (20) A student shall not aid and abet a person in that person's practice of nursing without a license, practice as a dialysis technician without a certificate issued by the board, or administration of medications as a medication aide without a certificate issued by the board.
- (21) A student shall not prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.
- (22) A student shall not assist suicide as defined in section 3795.01 of the Revised Code.
- (23) A student shall not submit or cause to be submitted any false, misleading or deceptive statements, information, or document to the nursing program, its administrators, faculty, teaching assistants, preceptors, or to the board.
- (24) A student shall maintain the confidentiality of patient information. The student shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care or for otherwise fulfilling the student's assigned clinical responsibilities, and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the student's assigned clinical responsibilities through social media, texting, emailing or any other form of communication.
- (25) To the maximum extent feasible, identifiable patient health care information shall not be disclosed by a student unless the patient has consented to the disclosure of identifiable patient health care information. A student shall report individually identifiable patient information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.
- (26) For purposes of paragraphs (C)(5), (C)(6), (C)(9), (C)(10), (C)(11) and (C)(12) of this rule, a student shall not use social media, texting, emailing, or other forms of communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the student's assigned clinical responsibilities.

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Curriculum for a registered nursing education program.

- (A) The registered nursing education program curriculum shall include content that validates the student's acquired knowledge, skills and behaviors that are necessary to safely and effectively engage in the practice of registered nursing, as defined in division (B) of section 4723.01 of the Revised Code.
- (B) The curriculum shall be derived from a philosophy, conceptual framework, or organizing theme that is consistently evident throughout the curriculum.
- (C) The curriculum objectives or outcomes, course objectives or outcomes, teaching strategies, and evaluation methods shall be:
- (1) Developed and written by program faculty;
 - (2) Consistent with the law regulating the practice of nursing as a registered nurse;
 - (3) Implemented as written;
 - (4) Distributed to each nursing student.
- (D) The program shall establish a curriculum plan that sets forth the sequence of courses, the laboratory and clinical experiences that are included in each course, and the ~~units of credit or number of academic or~~ total number of clock hours per term allotted to theory, laboratory, and clinical experiences within each course. The curriculum plan shall be:
- (1) Implemented as written;
 - (2) Distributed to each nursing student.
- ~~(E)~~ (E) The curriculum shall span a minimum length of two years of full-time study, with each year containing at least thirty weeks including examination time, unless it is an accelerated program that must provide a minimum of fifty-two weeks of clinical course work, or a program offering advanced standing as discussed in paragraph ~~(E)~~ (H) of this rule;
- ~~(F)~~ (F) The program may move hours between laboratory and clinical experiences within a course offering provided the laboratory and clinical experiences are sufficient for student opportunity to achieve the behavioral objectives and requirements established in the course.
- ~~(G)~~ (G) The curriculum shall include clinical experiences in providing care to patients across the lifespan. The only periods of life span excepted are those related to the obstetrical patient, the immediate newborn, and pediatrics. Programs utilizing high fidelity

simulation or mid or moderate fidelity simulation obstetrical, immediate newborn, or pediatric simulation laboratory experiences may use those experiences instead of providing clinical experience in those periods of life span.

~~(E)~~(H) A program may offer an advanced standing option, as defined in paragraph (B) of rule 4723-5-01 of the Administrative Code, provided that it complies with all of the following:

- (1) The program curriculum requires not less than forty-five weeks of clinical nursing coursework;
- (2) The philosophy, conceptual framework, outcome objectives, and overall curriculum in the nursing major are substantively equivalent to that required for program completion for typical students graduating from the same program;
- (3) The advanced standing option meets all other requirements set forth in this rule.

~~(F)~~(I) The curriculum shall consist of course content in nursing art and science, the physical biological and technological sciences, and social and behavioral sciences. This content may be integrated, combined, or presented as separate courses as follows:

- (1) Nursing art and science applied in a variety of settings to individuals or groups across the life span, that include but are not limited to:
 - (a) The nursing process;
 - (b) The application of nursing care concepts in addressing the physiological, psychological, cultural and spiritual needs of patients;
 - (c) Communication with patients, families and significant individuals;
 - (d) Documentation of nursing care within various health information systems;
 - (e) Information management as it pertains to health records, nursing science and evidence-based practice;
 - (f) Concepts of teaching and learning;
 - (g) The exercise of clinical judgment, using evidence-based practice, to integrate increasingly complex knowledge, skills, and technologies as they relate to the patient;
- (2) Safe and effective care environment:
 - (a) Manager of care role that includes:

- (i) Delegation of nursing tasks in accordance with Chapter 4723-13 of the Administrative Code;
 - (ii) Legal, ethical, historical, and emerging issues in nursing that include but are not limited to the laws and rules regulating nursing practice in Ohio;
 - (iii) Collaboration with patients, families, other members of the health care team, and other individuals significant to the patient;
 - (iv) Professionalism and acting as a mentor for other nurses;
 - (v) Prioritization and resource allocation;
- (b) Safety and infection control;
- (3) Health counseling and health teaching;
- (4) Psychological integrity;
- (5) Physiological integrity, including:
- (a) Care and comfort;
 - (b) Pharmacological and parenteral therapies, including but not limited to safe medication administration that incorporates application of pharmacotherapeutics;
 - (c) Reduction of risk potential including but not limited to patient safety strategies;
 - (d) Physiological adaptation;
- (6) Physical, biological, and technological sciences, including:
- (a) Pharmacology;
 - (b) Human anatomy and physiology;
 - (c) Chemistry;
 - (d) Biology;
 - (e) Microbiology;

- (f) Physics;
 - (g) Nutrition;
 - (h) Mathematics;
 - (i) Computer operations;
 - (j) Nursing informatics;
- (7) Humanities, and social and behavioral sciences that are necessary to understand the effect of a patient's religious, spiritual, cultural, gender identity, sexuality, and growth and developmental experiences on the patient's health, the patient's attitude toward health maintenance, and to effectively communicate with the patient;
- (8) The program will provide a combination of clinical and laboratory experiences concurrently with the related theory instruction that:
- (a) Are directly relevant to the applied theoretical and behavioral objectives of each clinical course, are sufficient for students to practice their cognitive, psychomotor and affective skills, and are sufficient for students to effectively demonstrate their ability to meet the course's nursing behavioral outcomes;
 - (b) Provide the student with the opportunity to achieve technical skills including skills related to intravenous therapy;
 - (c) Provide faculty, with input from the teaching assistant if applicable, the opportunity to effectively evaluate and document the student's achievement of each course's specified behavioral outcomes;
 - (d) With respect to obstetrics, immediate newborn care, and pediatrics, the program may provide high fidelity simulation or mid or moderate fidelity patient simulation instead of clinical experience if:
 - (i) A faculty member or teaching assistant is responsible for conducting the patient simulation, and in doing so, may utilize computer technology specialists to assist in operating computer equipment. The faculty member or teaching assistant must:
 - (a) Have demonstrated knowledge, skills and abilities necessary to conduct the patient simulation obtained from a recognized body of knowledge relative to the simulation;

- (b) Maintain through continuing education current knowledge, skills and abilities relative to the patient simulation;
 - (c) Maintain documentation satisfactory to the board of having met and maintained the knowledge, skill and abilities necessary to conduct the patient simulation; and
- (ii) All of the requirements of paragraph ~~(F)~~(I)(8) of this rule are met.

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4723-5-14

Curriculum for a practical nursing education program.

- (A) The practical nursing education program curriculum shall include content that validates the student's acquired knowledge, skills and behaviors that are necessary to safely and effectively engage in the practice of licensed practical nursing, as defined in division (F) of section 4723.01 of the Revised Code.
- (B) The curriculum shall be derived from a philosophy, conceptual framework, or organizing theme that is consistently evident throughout the curriculum.
- (C) The curriculum objectives or outcomes, course objectives or outcomes, teaching strategies, and evaluation methods shall be:
- (1) Developed and written by program faculty;
 - (2) Consistent with the law regulating the practice of nursing as a licensed practical nurse;
 - (3) Implemented as written;
 - (4) Distributed to each nursing student.
- (D) The program shall establish a curriculum plan that sets forth the sequence of courses, the laboratory and clinical experiences that are included in each course, and the ~~units of credit or number of academic or~~ total number of clock hours per term allotted to theory, laboratory, and clinical experiences within each course. The curriculum plan shall be:
- (1) Implemented as written;
 - (2) Distributed to each nursing student.
- ~~(E)~~ (E) The curriculum shall consist of content that spans a minimum length of thirty weeks of full-time study, including examination time;.
- ~~(F)~~ (F) The program may move hours between laboratory and clinical experiences within a course provided the laboratory and clinical experiences are sufficient for student opportunity to achieve the behavioral objectives and requirements established in the course; ~~and~~
- ~~(G)~~ (G) The curriculum shall include clinical experiences in providing care to patients across the lifespan. The only periods of life span excepted are those related to the obstetrical patient, the immediate newborn, and pediatrics. Programs utilizing high fidelity simulation or mid or moderate fidelity simulation obstetrical, immediate newborn,

or pediatric simulation laboratory experiences may use those experiences instead of providing clinical experience in those periods of life span.

~~(E)~~(H) The curriculum shall include but not be limited to the following areas of study that may be integrated, combined, or presented as separate courses:

- (1) Basic biological, physical, and technological sciences, human anatomy and physiology, chemistry, microbiology, nutrition, pharmacology, mathematics, and computer operations;
- (2) Social and behavioral sciences that are necessary for a basic understanding of the effect of a patient's religious, spiritual, cultural, gender identity, sexuality, and growth and developmental experiences on the patient's health, the patient's attitude toward health maintenance, and to effectively communicate with the patient;
- (3) Basic nursing art and science practiced in a variety of structured settings, with courses and clinical experiences sufficient to prepare the graduate to safely deliver nursing care to individuals and groups across the life span, that include but are not limited to:
 - (a) The nursing process:
 - (i) Collection and organization of relevant health care data;
 - (ii) Assisting in the identification of health needs and problems;
 - (iii) Contributing to the interdisciplinary health care team in addressing patient physiological, psychological, cultural, and spiritual needs;
 - (b) The application of nursing care concepts in addressing the physiological, psychological, cultural and spiritual needs of patients;
 - (c) Communication with patients, families and significant individuals;
 - (d) Documentation of nursing care within various health information systems;
 - (e) Information management as it pertains to health records, nursing science, and evidence-based practice;
 - (f) Concepts of teaching and learning;
- (4) Safe and effective care environment and coordinated care:

- (a) Collaboration with patients, families, other members of the health care team, and other individuals significant to the patient;
 - (b) Delegation of nursing tasks in accordance with Chapter 4723-13 of the Administrative Code;
 - (c) Demonstration of knowledge of legal, ethical, historical, and emerging issues in nursing that include but are not limited to the law and rules regulating nursing practice in Ohio;
- (5) Safety and infection control;
- (6) Health promotion and maintenance;
- (7) Psychosocial integrity;
- (8) Physiological integrity, including:
- (a) Basic care and comfort;
 - (b) Pharmacological therapies, including but not limited to safe pharmacotherapeutics, and safe medication administration;
- (9) Reduction of risk potential, including but not limited to patient safety strategies;
- (10) Physiological adaptation;
- (11) Application of principles of clinical judgment in the delivery of nursing care;
- (12) A combination of clinical and laboratory experiences concurrently with the related theory instruction that:
- (a) Are directly relevant to the applied theoretical and behavioral objectives of each clinical course, are sufficient for students to practice their cognitive, psychomotor and affective skills, and are sufficient for students to effectively demonstrate their ability to meet the course's nursing behavioral objectives;
 - (b) Provide the student with the opportunity to achieve technical skills including skills related to intravenous therapy;
 - (c) Provide faculty, with input from the teaching assistant if applicable, the opportunity to effectively evaluate and document the student's achievement of each course's specified behavioral outcomes;

(d) With respect to obstetrics, immediate newborn care, and pediatrics, the program may provide high fidelity simulation or mid or moderate fidelity patient simulation instead of clinical experience if:

(i) A faculty member or teaching assistant is responsible for conducting the patient simulation, and in doing so, may utilize computer technology specialists to assist in operating computer equipment. The faculty member or teaching assistant must:

(a) Have demonstrated knowledge, skills and abilities necessary to conduct the patient simulation obtained from a recognized body of knowledge relative to the simulation;

(b) Maintain through continuing education current knowledge, skills and abilities relative to the patient simulation;

(c) Maintain documentation satisfactory to the board of having met and maintained the knowledge, skill and abilities necessary to conduct the patient simulation;

(ii) All of the requirements of paragraph ~~(E)~~(H)(12) of this rule are met; and

(13) Professionalism and acting as a mentor for other nurses.

~~(E)~~(I) In addition to the content set forth in paragraph ~~(E)~~(H) of this rule, all practical nursing education programs shall include a course or content in intravenous therapy. A course or content in intravenous therapy to be included in a practical nursing education program shall have, at a minimum, didactic, laboratory, and supervised clinical practice that covers the following:

(1) The law and rules related to the role, accountability, and responsibility of the licensed practical nurse in intravenous therapy;

(2) Policies and procedures related to intravenous therapy and affiliating clinical agencies;

(3) Sciences related to intravenous therapy, including, but not limited to anatomy, physiology, microbiology and standard precautions, principles of physics, pharmacology, and pharmacology mathematics;

(4) Nursing care of individuals receiving intravenous therapy, including the clinical experience required in paragraph ~~(E)~~(H)(12)(b) of this rule;

- (5) Documentation related to intravenous care;
 - (6) Any other training or instruction the board considers appropriate;
 - (7) A testing component through which a student is able to demonstrate competency related to intravenous therapy;
 - (8) A means to verify that a student has successfully completed the course in intravenous therapy as set forth in this rule.
- ~~(G)~~(J) A practical nursing education program that is offered to students at the secondary or high school level may be commenced no earlier than the beginning of a student's junior year.

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4723-5-15

Evaluation plan of the program.

A written systematic plan of evaluation shall be established and implemented by the administrator of a program and shall include data collected from faculty, teaching assistants, preceptors, nursing students, graduates, and employers of graduates and shall:

(A) Specify the responsibility, time frame, and procedure for evaluating each aspect of the program, including:

- (1) Program organization and administration as set forth in rule 4723-5-09 of the Administrative Code;
- (2) Qualifications of administrators, faculty, teaching assistants and preceptors as set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program, or rule 4723-5-11 of the Administrative Code for a practical nursing education program;
- (3) Program policies as set forth in rule 4723-5-12 of the Administrative Code;
- (4) Curriculum as set forth in rule 4723-5-13 of the Administrative Code for a registered nursing education program, or rule 4723-5-14 of the Administrative Code for a practical nursing education program;
- (5) Evaluation plan of the program as set forth in this rule;
- (6) Program contractual relationships as set forth in rule 4723-5-17 of the Administrative Code;
- (7) Responsibilities of faculty teaching a nursing course as set forth in rule 4723-5-19 of the Administrative Code;
- (8) Responsibilities of faculty and instructional personnel in a clinical setting involving the delivery of nursing care to an individual or group of individuals as set forth in rule 4723-5-20 of the Administrative Code;
- (9) Maintenance of program records as set forth in rule 4723-5-21 of the Administrative Code;
- (10) Licensure examination results as set forth in rule 4723-5-23 of the Administrative Code; and
- (11) Follow-up of graduates, which shall include but not be limited to:
 - (a) Statistics on the number of first-time candidates passing the licensure examination during each calendar year; and

(b) Employment patterns of graduates;

(B) The results of the evaluation of each aspect of the program as set forth in paragraph (A) of this rule shall be summarized and documented; and

(C) Documentation shall demonstrate that the results of the evaluation of each aspect of the program as set forth in paragraph (A) of this rule have been used to plan and implement changes in the program.

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4723-5-16

Board approval of a curriculum revision.

- (A) Board approval shall be required prior to implementation of a curriculum revision that results from a change in a program's philosophy, conceptual framework, ~~or~~ organizing theme, program objectives or program outcomes.
- (B) The administrator of a program shall submit to the board a written plan for a proposed curriculum revision as set forth in paragraph (A) of this rule at least ten weeks preceding the scheduled board meeting at which the proposed revision is expected to be reviewed by the board. The plan for a curriculum revision based on a proposed change in a program's philosophy, conceptual framework, or organizing theme shall include at least the following:
- (1) The rationale for the proposed curriculum revision;
 - (2) The revised philosophy, conceptual framework, or organizing theme, or program objectives or outcomes that result in a curriculum change;
 - (3) The proposed total curriculum plan;
 - (4) The course syllabus or outline for each nursing course that includes at least: the title of the course, the number of theory hours, the number of clinical and laboratory hours, the course description, the course objectives or outcomes, the teaching strategies, the methods of evaluation, and a topical course outline; and
 - (5) The plan for implementation of the proposed curriculum revision, including the impact of the curriculum revision on currently enrolled nursing students.
- (C) If the plan for the proposed curriculum revision meets the requirements set forth in rule 4723-5-13 of the Administrative Code for a registered nursing education program, or rule 4723-5-14 of the Administrative Code for a practical nursing education program, and satisfactorily provides all information listed in paragraph (B) of this rule, the board shall approve the proposed curriculum revision. If the plan for the proposed curriculum revision does not meet the requirements set forth in rule 4723-5-13 of the Administrative Code for a registered nursing education program, or rule 4723-5-14 of the Administrative Code for a practical nursing education program, or does not satisfactorily provide the information listed in paragraph (B) of this rule, the board shall provide written notice to the administrator of the program regarding the requirement not met or the information not satisfactorily provided.
- (D) Additions, deletions, or revisions to a curriculum other than those set forth in paragraph (A) of this rule shall be reported to the board in the annual report required by rule 4723-5-05 of the Administrative Code.

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4723-5-19

Responsibilities of faculty teaching a nursing course.

Faculty teaching a nursing course shall:

(A) Provide a syllabus or outline to each nursing student that includes at least:

- (1) The title of the course;
- (2) The total number of theory clock hours for the course, if applicable;
- (3) The total number of clinical and laboratory clock hours combined for the course, if applicable, and of this combined number:
 - (a) The total number of planned clinical clock hours for the course;
 - (b) The total number of planned laboratory clock hours for the course;
- (4) The course description;
- (5) The course objectives or outcomes;
- (6) The teaching strategies, ~~including the job title, credentials or other information describing the background of an individual providing course content, whose qualifications are directly related to the course;~~
- (7) The methods of evaluation;
- (8) The name of the faculty who will be teaching the course;
- (9) The name of teaching assistants that will teach the course, or provide instruction in laboratory or clinical settings, as directed by faculty; and
- (10) For any individual providing course content under the direction of the faculty, the job title, credentials or other information describing the background of the individual that demonstrates qualifications directly related to the course content;
- ~~(10)~~(11) The required textbooks and other bibliography of learning resources;

(B) Design and implement teaching strategies that will assist a nursing student to meet the course objectives or outcomes;

(C) Direct and supervise the activities of a teaching assistant, if utilized;

(D) Evaluate each nursing student's achievement and progress with input from the teaching assistant or preceptor, if utilized;-

(E) At the conclusion of each course, the faculty responsible for teaching the course shall:

(1) Compare the number of planned clinical hours as established in the syllabus with the number of clinical hours actually provided to students and report the course data to the administrator;

(2) Compare the number of planned laboratory hours as established in the syllabus with the number of laboratory hours actually provided to students and report the data to the administrator; and

(F) The data reported under paragraph (E) of this rule shall be prepared in a chart form that contains the name of the course, the dates through which the course was taught, the faculty's name and the number of clinical and laboratory hours planned, and the actual number of clinical and laboratory hours provided to students. The data in chart form shall be maintained by the administrator and shall be submitted with the annual report to the board required by rule 4723-5-05 of the Administrative Code.

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4723-5-20

Responsibilities of faculty, teaching assistants and preceptors in a clinical setting.

- (A) A faculty member of a nursing education program is responsible for planning the student's clinical experience and for evaluating the student's performance. Clinical nursing experiences are assigned by faculty based on course objectives and student learning needs. Faculty, teaching assistants or preceptors shall supervise student practice by providing guidance, direction, and support appropriate to the clinical situation.
- (B) Supervision of a nursing student shall be provided for each clinical experience involving the delivery of nursing care to an individual or group of individuals. This supervision shall be provided only by a faculty member, teaching assistant, or preceptor who meets the qualifications set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program, or rule 4723-5-11 of the Administrative Code for a practical nursing education program. When supervising a nursing student, the faculty member or teaching assistant shall function only as faculty or as a teaching assistant during the student's clinical experience.
- (C) All experiences for a nursing student in a clinical setting involving the delivery of nursing care to an individual or group of individuals shall be performed under the direction of a faculty member who functions only as a faculty member during the nursing student's clinical experience. The faculty member providing direction shall:
- (1) Establish clinical objectives or outcomes within the framework of the course in which the student is enrolled;
 - (2) Communicate clinical objectives or outcomes to:
 - (a) The student;
 - (b) The teaching assistant and preceptor, if utilized; and
 - (c) The staff at the clinical site;
 - (3) Provide for orientation of each student to the clinical site, including introduction to staff;
 - (4) Make assignments, in conjunction with the teaching assistant or preceptor, if utilized, for the student's experience, consistent with the specific objectives or outcomes of the course in which the student is enrolled;
 - (5) Provide for supervision of each student in accordance with this chapter; and

- (6) Evaluate the student's experience, achievement, and progress in relation to the clinical objectives or outcomes, with input from the teaching assistant or preceptor, if utilized.
- (D) The faculty member or teaching assistant supervising the student's practice may assign an observational experience as appropriate to meet course objectives.
- (E) The faculty or teaching assistant to student ratio for direct patient care experiences shall be no greater a ratio than ten students to one faculty or teaching assistant, or a smaller ratio in clinical settings where necessary to ensure the safe delivery of nursing care.
- (F) The teaching assistant or preceptor providing supervision of a nursing student shall at least:
 - (1) Have competence in the area of clinical practice in which the teaching assistant or preceptor is providing supervision to a student;
 - (2) Design, at the direction of a faculty member, the student's clinical experience to achieve the stated objectives or outcomes of the nursing course in which the student is enrolled;
 - (3) Clarify with the faculty member:
 - (a) The role of the teaching assistant or preceptor;
 - (b) The responsibilities of the faculty member;
 - (c) The course and clinical objectives or outcomes;
 - (d) The clinical experience evaluation tool; and
 - (4) Contribute to the evaluation of the student's performance by providing information to the faculty member and the student regarding the student's achievement of established objectives or outcomes.
- (G) A preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students.

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4723-5-23

Program NCLEX rates.

- (A) Only a program with full, conditional, or provisional approval shall issue program completion letters to the board for its students.
- (B) If a program has a pass rate on the licensure examination that is less than ninety-five per cent of the national average for first-time candidates, who took the examination within six months of completion of the program, in a calendar year the following shall apply:
- (1) After the first year, the program shall establish a plan indicating action steps to improve the NCLEX scores of its graduates, and submit the plan with the annual report;
 - (2) After two consecutive years, the program shall prepare a report that evaluates the plan of action established after the first year of low NCLEX scores, identify additional steps, and submit the plan with the annual report; and
 - (3) After three consecutive years, a representative of the board shall conduct a survey visit and the board may take action on the approval status of the program.
 - (4) After four consecutive years, a representative of the board may conduct a survey visit and the board shall place the program on provisional approval, or, if the program is on conditional approval status, propose to withdraw conditional approval and deny full approval status according to the procedures contained in Chapter 119. of the Revised Code.
- (C) For the board to consider restoring a program to full approval status after a program is placed on provisional status due to low NCLEX scores, a program shall attain a pass rate for at least two consecutive years that meets or exceeds ninety-five per cent of the national average for first-time candidates who took the examination within six months of completion of the program~~for at least two consecutive years.~~

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4723-7-02

Requirements and application for licensure by examination as a nurse.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

- (A) The NCLEX-RN shall be the approved examination for licensure as a registered nurse in Ohio.
- (B) The NCLEX-PN shall be the approved examination for licensure as a licensed practical nurse in Ohio.
- (C) To apply for licensure by examination to practice nursing as a registered nurse in Ohio, an applicant shall have successfully completed a registered nursing education program that satisfies one of the following:
 - (1) Is approved by the board according to section 4723.06 of the Revised Code and Chapter 4723-5 of the Administrative Code;
 - (2) Is approved by a jurisdiction of the national council of state boards of nursing; or
 - (3) Has been determined to be acceptable by the board for a foreign educated nurse graduate according to rule 4723-7-04 of the Administrative Code.
- (D) To apply for licensure by examination to practice nursing as a licensed practical nurse in Ohio, an applicant must have successfully completed a practical nursing education program that satisfies one of the following:
 - (1) Is approved by the board according to section 4723.06 of the Revised Code and Chapter 4723-5 of the Administrative Code;
 - (2) Is approved by a jurisdiction of the national council of state boards of nursing; or
 - (3) Has been determined to be acceptable by the board for a foreign educated nurse graduate according to rule 4723-7-04 of the Administrative Code.
- (E) In addition to the requirements set forth in paragraphs (C) and (D) of this rule, an applicant for licensure by examination shall:
 - (1) Submit to the board a completed "Nursing Licensure by Examination Application";
 - (2) As required by section 4723.09 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification ~~and investigation~~ the

~~results of which indicate that the individual has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;~~

~~(3) As required by section 4723.09 of the Revised Code, not be required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country;~~

~~(4)~~(3) Submit to the board the applicable licensure application fee required by section 4723.08 of the Revised Code; and

~~(5)~~(4) Complete the registration process for examination required by the testing service.

(F) Prior to the board determining an applicant is eligible to take an examination, the board shall have received the following:

(1) For an applicant who has successfully completed an Ohio nursing education program approved by the board, written notification of the applicant's completion of the program, submitted directly by the education program administrator or designee to the board, according to paragraph (B)(9) of rule 4723-5-09 of the Administrative Code. If the program has closed, the board may accept a copy of the applicant's official transcript certified to be a true copy by the custodian of the original transcript, instead of a program completion letter.

(2) For an applicant who has successfully completed a nursing education program approved by a jurisdiction of the national council of state boards of nursing, other than Ohio, an official transcript from the nursing education program submitted directly by the education program administrator or designee to the board that sets forth the completed program requirements and the date on which it was completed. If the program has closed, the board may accept other documentation evidencing that the applicant's educational preparation is substantially similar to that required for programs approved by the board.

(3) For an applicant who is a foreign educated nurse graduate, the information set forth in paragraph (A) of rule 4723-7-04 of the Administrative Code.

(G) The board may propose to deny admission to the licensure examination pursuant to an adjudication under Chapter 119. of the Revised Code. Based on the results of the adjudication, the board may grant admission to the licensure examination, deny admission to the licensure examination, or condition admission to the licensure examination on the applicant's successful correction of the area of deficiency identified by the board.

(H) If an applicant for licensure by examination fails to meet the requirements for licensure within one year from the date the application is received, or the application remains incomplete for one year, the application shall be considered void and the fee submitted with the application shall be forfeited. The application shall state the circumstances under which forfeiture may occur.

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4723-7-03

Authorization to test, accommodations, retesting, and notification.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

- (A) If the board determines an applicant is eligible to take the examination it shall request that the testing service issue the applicant an authorization to test.
- (1) The testing service shall issue an authorization to test to each eligible applicant.
 - (2) An eligible applicant who has received an authorization to test must contact the testing service to schedule a time to take the examination.
- (B) If an eligible applicant fails to take the examination within one year from the date the authorization to test was issued, the authorization is void, and the applicant must submit a new application for licensure by examination to the board and complete the registration process for the examination required by the testing service.
- (C) The national council of state boards of nursing may grant accommodations for the examination related to the applicant's disability. In order to be considered for accommodations, the board must receive the following:
- (1) A letter from the applicant that includes information regarding the specific type of disability involved, the specific type of accommodations requested and the applicant's contact information;
 - (2) A letter from the applicant's nursing education program administrator indicating what accommodations, if any, were provided to the applicant during the nursing education program, unless the disability occurred after the completion of the program; and
 - (3) A letter submitted to the board directly from a qualified professional with expertise in the area of diagnosed disability, on the professional's letterhead stating:
 - (a) The applicant's current disability diagnosis;;
 - (b) Recommendations for testing accommodations that are appropriate for the diagnosed disability; and
 - (c) The professional may include documentation such as recent reports, test results, evaluations and assessments of the applicant's need for accommodations, and may include information regarding the history of the disability and past accommodations granted to the applicant.

- (D) The board shall notify the applicant of the results of the examination as reported by the testing service.
- (E) If an applicant fails the examination, the board shall inform the applicant of the right to repeat the examination. To repeat the examination, the individual shall:
- (1) Apply for licensure by examination to the board and meet all requirements as set forth in this chapter, including submitting a completed "Nursing Licensure by Examination Application" and the application fee required by section 4723.08 of the Revised Code; and
 - (2) Complete the registration process for examination required by the testing service.
- (F) If the applicant passes the examination, the board shall issue a license if the applicant has:
- (1) Completed all requirements for licensure required by this chapter and section 4723.09 of the Revised Code;
 - (2) Has not committed any act that may be grounds for disciplinary action under section 4723.28 of the Revised Code; and
 - ~~(3) Is not ineligible for licensure under section 4723.09 of the Revised Code based on conviction of, plea of guilty to, or judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code, or based on status as a sex offender required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.~~
- (G) The board may send reports of the testing results to nursing education programs for their graduates on a schedule established by the board.

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4723-7-04

Requirements for licensure for foreign educated nurse graduates.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) A foreign educated nurse graduate applying for licensure by examination shall satisfy all of the following:

- (1) Provide to the board a full education course-by-course report from the credentialing evaluation service (CES) of the commission of graduates of foreign nursing schools (CGFNS) that includes information sufficient for the board to determine whether the foreign educated nurse graduate's education program has educational content and requirements that are substantially similar to a registered nursing education program set forth in rule 4723-5-13 of the Administrative Code if the applicant is applying for licensure by examination as a registered nurse, or a practical nursing education program set forth in rule 4723-5-14 of the Administrative Code if the applicant is applying for licensure by examination as a practical nurse;
- (2) Provide to the board evidence of obtaining the minimum passing score on the "Test of English as a Foreign Language" (TOEFL iBt™). This requirement does not apply to a foreign educated nurse who graduated from a college, university, or professional education program located in Australia, Ireland, New Zealand, the United Kingdom, South Africa, Trinidad and Tobago, Jamaica, Barbados, or Canada, except that, with respect to Canada, the exception from the requirement does not apply to Quebec, unless the individual graduated from McGill university, Dawson college in Montreal, Vanier college in St. Laurent, John Abbot college in Sainte-Anne-de-Bellevue, or Heritage college in Gatineau;
- (3) As required by section 4723.09 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation, the results of which indicate that the individual has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;
- (4) As required by section 4723.09 of the Revised Code, not be required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country;
- (5) According to rule 4723-7-02 of the Administrative Code, submit to the board a completed "Nursing Licensure by Examination Application," and the

applicable license application fee required by section 4723.08 of the Revised Code;

- (6) According to with rule 4723-7-02 of the Administrative Code, complete the registration process for examination required by the testing service; and
 - (7) In addition to the requirements of this paragraph, a foreign educated nurse graduate applying for licensure by examination is subject to the provisions of rule 4723-7-03 of the Administrative Code.
- (B) A foreign educated nurse graduate applying for licensure by endorsement shall satisfy all of the following:
- (1) If seeking licensure by endorsement as a registered nurse, have been originally licensed by examination to practice as a registered nurse in a jurisdiction of the national council of state boards of nursing, and meet one of the following requirements:
 - (a) If originally licensed by examination prior to January 1, 1953, evidence of having passed an examination;
 - (b) If originally licensed by examination on or after January 1, 1953, but prior to July 1, 1982, achievement of a score of at least three hundred fifty on each subject tested in the "State Board Test Pool Examination";
 - (c) If originally licensed by examination on or after July 1, 1982, but prior to October 1, 1988, achievement of a score of at least one thousand six hundred on the NCLEX-RN; or
 - (d) If originally licensed by examination on or after October 1, 1988, achievement of a "pass" score on the NCLEX-RN;
 - (2) If seeking licensure by endorsement as a licensed practical nurse, have been originally licensed by examination to practice as a practical nurse in a jurisdiction of the national council of state boards of nursing, and meet one of the following requirements:
 - (a) If originally licensed by examination on or after July 1, 1956, but prior to July 1, 1982, achievement of a score of at least three hundred fifty on the "State Board Test Pool Examination";
 - (b) If originally licensed by examination on or after July 1, 1982, but prior to October 1, 1988, achievement of a score of at least three hundred fifty on the NCLEX-PN; or

- (c) If originally licensed by examination on or after October 1, 1988, achievement of a "pass" score on the NCLEX-PN;
- (3) Provide evidence ~~satisfactory~~ to the board of possessing a working knowledge of the English language ~~_. This requirement by submitting one of the following: does not apply to a foreign educated nurse who graduated from a college, university, or professional education program located in Australia, Ireland, New Zealand, the United Kingdom, South Africa, Trinidad and Tobago, Jamaica, Barbados, or Canada, except that, with respect to Canada, the exception from the requirement does not apply to Quebec, unless the individual graduated from McGill university, Dawson college in Montreal, Vanier college in St. Laurent, John Abbot college in Sainte-Anne-de-Bellevue, or Heritage college in Gatineau;~~
- (a) Evidence of obtaining a minimum passing score on the "Test of English as a Foreign Language" (TOEFL iBt™) or another English language proficiency test accepted by a jurisdiction of the national council of state boards of nursing;
- (b) A letter on academic letterhead from the foreign education program the applicant graduated from stating that the nursing education program the applicant completed was conducted in the English language with English textbooks;
- (c) A letter on facility or institutional letterhead from a licensed nurse who supervised the applicant's nursing practice in another jurisdiction stating that the applicant demonstrated a working knowledge of the English language;
- (d) A letter from a jurisdiction of the national council of state boards of nursing in which the applicant practiced as a nurse stating that the applicant demonstrated a working knowledge of the English language; or
- (e) Evidence of completion of a nursing education program located in Australia, Ireland, New Zealand, the United Kingdom, South Africa, Trinidad and Tobago, Jamaica, Barbados, or Canada, except that, with respect to Canada, this does not apply to Quebec, unless the individual graduated from McGill university, Dawson college in Montreal, Vanier college in St. Laurent, John Abbot college in Sainte-Anne-de-Bellevue, or Heritage college in Gatineau,
- (4) Have submitted to the board either directly by the jurisdiction in which the foreign educated nurse graduate was originally licensed by examination, or

electronically by the national council of state boards of nursing, one of the following:

- (a) Verification of licensure by examination as a registered nurse, if seeking licensure by endorsement as a registered nurse; or
 - (b) Verification of licensure by examination as a practical nurse if seeking licensure by endorsement as a licensed practical nurse;
- (5) Have submitted to the board directly from any jurisdiction of the national council of state boards of nursing, or electronically by the national council of state boards of nursing:
- (a) Verification of current, valid licensure as a registered nurse, if seeking licensure by endorsement as a registered nurse; or
 - (b) Verification of current, valid licensure as a practical nurse if seeking licensure by endorsement as a licensed practical nurse;
- (6) Have submitted to the board the results of a criminal records check conducted by the bureau of criminal identification and investigation according to section 4723.09 of the Revised Code, ~~indicating that the applicant for licensure by endorsement has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.09 of the Revised Code;~~
- ~~(7) As required by section 4723.09 of the Revised Code, not be required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country;~~
- ~~(8)(7) Have completed~~ Submit to the board documentation of completion of two contact hours of continuing education that is directly related to Chapter 4723. of the Revised Code or rules adopted by the board, and that meets the requirements set forth in paragraph (C) of rule 4723-14-01 of the Administrative Code for category A education; and
- ~~(9)(8)~~ Submit to the board a completed "Nursing Licensure by Endorsement Application" and the applicable license application fee required by section 4723.08 of the Revised Code.
- (C) If the board determines that the educational content and requirements of a foreign graduate's nursing education program are not substantially similar to those for nursing education programs set forth in Chapter 4723-5 of the Administrative Code, the board may condition the foreign educated nurse graduate's eligibility for licensure by

endorsement on successful completion of a program or course of study identified by the board as necessary to address any deficiency.

- (D) The board may propose to deny licensure by examination or endorsement to a foreign educated nurse graduate pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code. Based on the outcome of the adjudication, the board may grant licensure, deny licensure, or condition licensure on the applicant's successful completion of education in the area of deficiency identified by the board.
- (E) According to section 4723.09 of the Revised Code, the board may issue a nonrenewable temporary permit to practice nursing as a registered nurse or a licensed practical nurse to a foreign educated nurse graduate seeking licensure by endorsement. A temporary permit expires at the earlier of one hundred eighty days after the permit is issued or upon licensure by endorsement.
- (F) A foreign educated nurse graduate seeking licensure by endorsement as a registered nurse or licensed practical nurse, who requests a temporary permit to practice nursing in Ohio shall:
- (1) Have submitted directly by the jurisdiction in which the applicant was originally licensed by examination, or electronically by the national council of state boards of nursing, verification of licensure by examination, as provided in paragraph (B)(5) of this rule;
 - (2) Have submitted verification of current, valid licensure directly from any jurisdiction of the national council of state boards of nursing, or electronically by the national council of state boards of nursing.
- ~~(G) The board shall immediately terminate a foreign educated nurse graduate's temporary permit upon notification of a criminal records check completed by the bureau of criminal identification and investigation, that indicates the individual has been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code, or upon information that the permit holder is required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.~~
- ~~(H)~~(G) If a foreign educated nurse graduate seeking licensure by examination or endorsement fails to meet the requirements for licensure within one year from the date the application for licensure is received, or the application remains incomplete for one year, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which forfeiture may occur.

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4723-7-05

Registered nurse licensure by endorsement.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) A registered nurse applicant for licensure by endorsement shall satisfy the following:

- (1) Have completed a registered nursing education program approved by a jurisdiction of the national council of state boards of nursing at the time the applicant completed the program;
- (2) Submit a completed "Nursing Licensure by Endorsement Application," and the license application fee required by section 4723.08 of the Revised Code;
- (3) As required by section 4723.09 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation ~~the results of which indicate that the applicant for licensure by endorsement has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;~~
- ~~(4) As required by section 4723.09 of the Revised Code, not be required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country; and~~
- ~~(5)~~(4) Have been originally licensed by examination to practice as a registered nurse and meet one of the following requirements:
 - (a) If originally licensed by examination prior to January 1, 1953, evidence of having passed an examination;
 - (b) If originally licensed by examination on or after January 1, 1953, but prior to July 1, 1982, achievement of a score of at least three hundred fifty on each subject tested in the "State Board Test Pool Examination";
 - (c) If originally licensed by examination on or after July 1, 1982, but prior to October 1, 1988, achievement of a score of at least one thousand six hundred on the NCLEX-RN; or
 - (d) If originally licensed by examination on or after October 1, 1988, achievement of a "pass" score on the NCLEX-RN;

(B) In addition to meeting the requirements in paragraph (A) of this rule, prior to licensure by endorsement as a registered nurse an applicant shall:

- (1) Submit evidence of successful completion of a registered nursing education program according to paragraph (A)(1) of this rule;
 - (2) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a registered nurse, as required by paragraph (A)(4) of this rule;
 - (3) Have submitted verification of current, valid licensure as a registered nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically by the national council of state board of nursing;
 - (4) ~~Complete~~ ~~Submit to the board documentation of completion of~~ two contact hours of continuing education that is directly related to Chapter 4723. of the Revised Code or rules adopted by the board, and that meets the requirements set forth in paragraph (C) of rule 4723-14-01 of the Administrative Code for category A education; and
 - (5) Submit any other documentation required by the board.
- (C) The board may propose to deny licensure by endorsement pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code.
- (D) According to section 4723.09 of the Revised Code, the board may issue a nonrenewable temporary permit to practice nursing as a registered nurse to a registered nurse applicant for licensure by endorsement. A temporary permit expires at the earlier of one hundred eighty days after the permit is issued, or upon licensure by endorsement.
- (E) An applicant for endorsement as a registered nurse who requests a temporary permit to practice nursing as a registered nurse in Ohio shall:
- (1) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a registered nurse according to paragraph (A)(5) of this rule;
 - (2) Have submitted verification of current, valid licensure as a registered nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically from the national council of state boards of nursing; and
 - (3) Submit any other documentation required by the board.
- ~~(F) The board shall immediately terminate the applicant's temporary permit upon notification of a criminal records check completed by the bureau of criminal~~

~~identification and investigation that indicates the individual has been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code, or upon information that the permit holder is required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.~~

~~(G)~~(F) If an applicant for licensure by endorsement as a registered nurse fails to meet the requirements for licensure within one year from the date the application is received, or the application remains incomplete for one year, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which forfeiture may occur.

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04/01/1998, 04/01/1999, 02/01/2000, 02/01/2002,
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02/01/2020

4723-7-07

Original certificate and license.

- (A) A certificate ~~suitable for framing~~ shall be made available ~~issued~~ to each licensed nurse stating the licensee's name, license number, and date of issuance. ~~This certificate shall bear the official seal of the board and shall be signed by the executive director of the board.~~
- (B) The numbering of licenses shall be sequential.
- (C) A license issued to a licensed practical nurse shall indicate the following when applicable:
- (1) The licensed practical nurse is authorized to administer medications in accordance with division (F)(3) of section 4723.01 of the Revised Code;
 - (2) The licensed practical nurse is authorized to administer intravenous therapy in accordance with section 4723.18 of the Revised Code.
- (D) License ~~With~~ certificates or other documents issued by the board as evidence of licensure, certification, or other authorization shall not be falsified or altered.

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4723-7-06

Practical nurse licensure by endorsement.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) A practical nurse applicant for licensure by endorsement shall satisfy the following:

(1) Have completed:

(a) A practical nursing education program approved by a jurisdiction of the national council of state boards of nursing at the time the applicant completed the program;

(b) If the applicant has practiced and maintained current, valid licensure as a licensed practical nurse in another jurisdiction for a minimum continuous period of five years prior to the date of application, either:

(i) A registered nursing education program approved by a jurisdiction of the national council of state boards of nursing, at the time the applicant completed the program; or

(ii) A registered nursing education program not approved by a jurisdiction of the national council of state boards of nursing, for which the board has received from the program administrator or designee, or from the jurisdiction in which the applicant was originally licensed by examination as a licensed practical nurse, a copy of an official transcript or other documentation demonstrating that the applicant's educational preparation is substantially similar to that required for programs approved by the board;

(2) Submit a completed "Nursing Licensure by Endorsement Application," and the applicable license application fee required by section 4723.08 of the Revised Code;

(3) As required by section 4723.09 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation, ~~the results of which indicate that the applicant for licensure by endorsement has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;~~

~~(4) As required by section 4723.09 of the Revised Code, not be required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country; and~~

- (~~5~~)(4) Have been originally licensed to practice as a licensed practical nurse based upon passing a practical nurse examination and meet one of the following requirements:
- (a) If originally licensed by examination on or after July 1, 1956, but prior to July 1, 1982, achievement of a score of at least three hundred fifty on the "State Board Test Pool Examination";
 - (b) If originally licensed by examination on or after July 1, 1982, but prior to October 1, 1988, achievement of a score of at least three hundred fifty on the NCLEX-PN; or
 - (c) If originally licensed by examination on or after October 1, 1988, achievement of a "pass" score on the NCLEX-PN.
- (B) In addition to meeting the requirements in paragraph (A) of this rule, prior to licensure by endorsement as a practical nurse an applicant shall:
- (1) Submit evidence of successful completion of a practical nursing program according to paragraph (A)(1) of this rule;
 - (2) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a practical nurse, as required by paragraph (A)(5) of this rule;
 - (3) Have submitted verification of current, valid licensure as a licensed practical nurse directly from any jurisdiction of the national council of state boards of nursing or electronically by the national council of state boards of nursing;
 - (4) ~~Have completed~~ ~~Submit to the board documentation of completion of~~ two contact hours of continuing education that is directly related to Chapter 4723. of the Revised Code or rules adopted by the board and that meets the requirements set forth in paragraph (C) of rule 4723-14-01 of the Administrative Code for category A education; and
 - (5) Submit any other documentation required by the board.
- (C) Upon the request of a practical nurse applicant for licensure by endorsement who satisfies the requirements of paragraphs (A) and (B) of this rule, the board may issue a license indicating one or both of the following
- (1) The applicant is authorized to administer medication according to division (F)(3) of section 4723.01 of the Revised Code if the applicant submits documentation

satisfactory to the board of having successfully completed a course or course content in basic pharmacology;

- (2) The applicant is authorized to provide adult intravenous therapy according to Chapter 4723-17 of the Administrative Code if the applicant submits documentation satisfactory to the board of meeting the requirements of section 4723.18 of the Revised Code and Chapter 4723-17 of the Administrative Code;
- (D) The board may propose to deny licensure by endorsement pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code.
- (E) According to section 4723.09 of the Revised Code, the board may issue a nonrenewable temporary permit to practice nursing as a licensed practical nurse to a practical nurse applicant for licensure by endorsement. A temporary permit expires at the earlier of one hundred eighty days after the permit is issued, or upon licensure by endorsement.
- (F) An applicant for licensure by endorsement as a practical nurse who requests a temporary permit to practice nursing as a licensed practical nurse in Ohio shall:
- (1) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a licensed practical nurse, according to paragraph (A)(5) of this rule;
 - (2) Have submitted verification of current, valid licensure as a licensed practical nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically from the national council of state boards of nursing, and if the applicant qualifies for licensure by endorsement as a practical nurse by satisfying the requirements of paragraph (A)(1)(c) of this rule, documentation that the applicant has practiced and maintained current, valid licensure as a licensed practical nurse in another jurisdiction for a continuous period of five years prior to the date of application; and
 - (3) Submit any other documentation required by the board.
- ~~(G) The board shall immediately terminate the applicant's temporary permit upon notification of a criminal records check completed by the bureau of criminal identification and investigation that indicates the individual has been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.09 of the Revised Code, or upon information that the permit holder is required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.~~

~~(H)~~(G) If an applicant for licensure by endorsement as a licensed practical nurse fails to meet the requirements for licensure within one year from the date the application is received, or the application remains incomplete for one year, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which forfeiture may occur.

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04/01/1998, 04/01/1999, 02/01/2000, 02/01/2002,
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TO BE RESCINDED

4723-7-08

Replacement of wall certificate.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

A licensee or certificate holder who requests a replacement copy of a wall certificate issued by the board to a licensee or certificate holder that has been lost, stolen, destroyed, or outdated due to a legal name change shall submit a "Request for Replacement Wall Certificate Form," giving proper identification, explanation of the loss or accompanying certified records showing the legal name change, and payment of the fee as required by division (A)(8) of section 4723.08 of the Revised Code.

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04/01/2017

4723-7-10

Volunteer's certificate.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

- (A) For purposes of division (A)(2) of section 4723.26 of the Revised Code, "expired" means "lapsed" as defined in paragraph (H) of rule 4723-7-01 of the Administrative Code.
- (B) An individual who holds a lapsed license to practice, as a licensed practical nurse, registered nurse, or advanced practice registered nurse, issued by the board or by a jurisdiction of the national council of state boards of nursing, may be issued a volunteer's certificate if:
- (1) The requirements set forth in section 4723.26 of the Revised Code are met;
 - (2) The applicant has completed and submitted a "Volunteer's Certificate Application"; and
 - (3) The applicant has provided documentation satisfactory to the board of twenty-four contact hours of continuing education, completed in the twenty-four month period immediately before the application date, that meets the requirements of Chapter 4723-14 of the Administrative Code, and includes:
 - (a) Two contact hours of category A with learning outcomes that address standards of safe practice and nursing delegation;
 - (b) One contact hour that includes content in patient abuse, patient rights, and professional boundaries;
 - (c) Two contact hours that include content in the scope of practice of the licensed practical nurse, if the applicant is a retired licensed practical nurse, or two contact hours that include content in the scope of practice of ~~and~~ the registered nurse, if the applicant is a retired registered nurse or advanced practice registered nurse;
 - (d) Two contact hours in nursing documentation;
 - (e) Three contact hours in principles of pain management;
 - (f) One contact hour that addresses the application of the nursing process and critical thinking related to patient care;

- (g) One contact hour that includes content in maintaining patient confidentiality;
 - (h) Four contact hours in patient assessment and wound care;
 - (i) Four contact hours in medication administration and preventing medication errors; and
 - (j) Four contact hours relevant to the nurse's anticipated practice setting.
- (C) No fee shall be charged in order to obtain a volunteer's certificate.
- (D) A volunteer's certificate is valid, unless suspended or revoked by the board, for a period of two years from the date the board issues the certificate, and may be renewed according to paragraph (O) of rule 4723-7-09 of the Administrative Code.
- (E) An individual holding a current, valid volunteer's certificate issued by the board:
- (1) Shall only provide nursing services to indigent and uninsured persons, as defined in section 2305.234 of the Revised Code;
 - (2) Shall not accept any form of remuneration for providing nursing services; and
 - (3) Shall at all times while engaging in nursing practice display identification that clearly identifies the person as holding a volunteer's certificate, and shall not represent them self as, sign documents as, or use titles indicating that the person is licensed as a licensed practical nurse, registered nurse or advanced practice registered nurse, without also referencing the volunteer's certificate status. Volunteer's certificate status may be abbreviated in nursing documentation as "V.C."
- (F) A certificate holder may place a volunteer's certificate on inactive status by submitting a written request to the board. To reactivate an inactive certificate or reinstate a lapsed certificate, the holder must submit a completed "Volunteer's Reactivation and Reinstatement Application," with all required records, and provide documentation of continuing education as set forth in paragraph (K) of rule 4723-14-03 of the Administrative Code. If the applicant has been lapsed or inactive for at least five years from the date of the application, the requirements set forth in division (D) of section 4723.24 of the Revised Code must be met in order to be eligible to reactivate or reinstate the certificate.
- (G) A certificate holder engaged in active military duty may be eligible for an extension of time to complete continuing education as provided in rule 4723-2-04 of the Administrative Code.

(H) The provisions of section 4723.28 of the Revised Code apply to a volunteer's certificate issued by the board.

- (1) A volunteer's certificate holder shall be subject to disciplinary action for any of the grounds set forth in section 4723.28 of the Revised Code;
- (2) A certificate holder who continues to practice nursing in Ohio with a lapsed or inactive certificate, who fails to comply with the scope of practice and other provisions set forth in section 4723.26 of the Revised Code, or who violates the provisions of this rule, shall be subject to disciplinary action according to section 4723.28 of the Revised Code.

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4723-8-04

Standard care arrangement for a certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist.

- (A) Prior to engaging in practice, a standard care arrangement shall be entered into with each physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist collaborates.
- (1) The standard care arrangement shall be revised to reflect the addition or deletion of a physician or podiatrist with whom the nurse collaborates within that employment setting. Under these circumstances, a new standard care arrangement is not necessary.
 - (2) A new standard care arrangement shall be executed when the nurse is:
 - (a) Employed at a different or additional organization or practice; and
 - (b) Engages in practice with a collaborating physician or podiatrist outside of the primary employing organization.
- (B) Except as provided in paragraph (C) of this rule, a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist engaged in the practice of the nurse's specialty, shall enter into a written standard care arrangement with one or more collaborating physicians or podiatrists whose practice is the same or similar to the nurse's practice.
- (C) In accordance with division (A)(2)(c) of section 4723.431 of the Revised Code, a clinical nurse specialist certified as a psychiatric-mental health CNS by the American nurses credentialing center or a certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center, may enter into a standard care arrangement with a physician, but not a podiatrist, if the collaborating physician is practicing in one of the following specialties:
- (1) Psychiatry;
 - (2) Pediatrics;
 - (3) Primary care of family practice.
- (D) The standard care arrangement shall include at least:
- (1) The signatures of each nurse, and each collaborating physician, or the physician's designated representative, or each podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates indicating review of and agreement to abide by the terms of the standard care arrangement. For purposes of this rule, a physician's designated

representative means a physician who serves as the department or unit director or chair, within the same institution, organization or facility department or unit, and within the same practice specialty, that the nurse practices, and with respect to whom the physician has executed a legal authorization to enter collaborating agreements on the physician's behalf;

- (2) The date when the arrangement is initially executed;
- (3) The date of the most recent review of the arrangement;
- (4) The complete name, specialty and practice area, business address, and business phone number or number at which the individual can be reached at any time for:
 - (a) Each collaborating physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates and who is a party to the standard care arrangement, unless a physician's designated representative has entered the standard care arrangement on the physician's behalf; and
 - (b) Each certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist who is a party to the standard care arrangement;
- (5) A statement of services offered by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist consistent with section 4723.43 of the Revised Code and this chapter, including a description of the scope of prescriptive practice and authorization to enter consult agreements for patients, if applicable;
- (6) A plan for incorporation of new technology or procedures consistent with the applicable scope of practice as set forth in section 4723.43 of the Revised Code and this chapter;
- (7) Quality assurance provisions, including at least:
 - (a) When modification is made to the body of the standard care arrangement, reapproval of the standard care arrangement is required;
 - (b) Criteria for referral of a patient by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to a collaborating physician or podiatrist, including, for the certified nurse-midwife, a plan for referral of breech or face presentation or any other abnormal condition identified as such in the standard care arrangement;

- (c) A process for the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to obtain consultation from a physician or podiatrist; and
 - (d) A process for chart review in accordance with rule 4723-8-05 of the Administrative Code if the nurse's practice includes any direct patient care;
- (8) A plan for coverage of patients in instances of emergency or planned absences of either the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist, or the collaborating physician or podiatrist;
- (9) A process for resolution of disagreements regarding matters of patient management; and
- (10) Regarding the prescribing component of the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner's practice, the following quality assurance provisions shall include at least:
- (a) Provisions to ensure timely direct, personal evaluation of the patient with a collaborating physician or the physician's designee when indicated;
 - (b) Prescribing parameters for drugs or therapeutic devices when indicated;
 - (c) Provisions for the use of schedule II controlled substances;
 - (d) If the nurse is prescribing to minors, as defined in division (A) of section 3719.061 of the Revised Code, provisions for complying with section 3719.061 of the Revised Code when prescribing an opioid analgesic to a minor; and
 - (e) Provisions for obtaining and reviewing OARRS reports, and engaging in physician consultation and patient care consistent with section 4723.487 of the Revised Code and rule 4723-9-12 of the Administrative Code.
- (11) Quality assurance standards consistent with rule 4723-8-05 of the Administrative Code.
- (E) The most current copy of the standard care arrangement, and any legal authorization signed by a physician according to paragraph (D)(1) of this rule, shall be retained on file by the nurse's employer. Upon request of the board, the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall immediately provide a copy of the standard care arrangement to the board.

- (F) Copies of previously effective standard care arrangements shall be retained by the nurse for three years and provided to the board upon request.
- (G) When a hospital negotiates a standard care arrangement in accordance with division (E) of section 4723.431 of the Revised Code and this chapter, the standard care arrangement shall be developed in accordance with paragraph (D) of this rule. Review and approval of the standard care arrangement shall be in accordance with the policies and procedures of the hospital governing body and the bylaws, policies, and procedures of the hospital medical staff.
- (H) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall notify the board of the identity of a collaborating physician or podiatrist not later than thirty days after engaging in practice.
- (I) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall notify the board of any change in the name and business address of a collaborating physician or podiatrist not later than thirty days after the change takes effect, except as provided in division (D) of section 4723.431 of the Revised Code.

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4723-8-12

Consult agreements for a certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist.

(A) For purposes of this rule and rule 4723-8-13 of the Administrative Code, practitioner means an advanced practice registered nurse licensed under Chapter 4723 of the Revised Code and practicing in Ohio as a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist.

(B) Requirements of a consult agreement

(1) A consult agreement shall include all of the following:

(a) Identification of the practitioner(s) and pharmacist(s) authorized to enter the agreement. They may include:

(i) Individual names of the practitioner(s) and pharmacists;

(ii) Practitioner or pharmacist practice groups;

(iii) Identification based on institutional credentialing or privileging; or

(iv) If multiple practitioners are entering the consult agreement, identification of the primary practitioner for the patient.

(b) A description of the patient's consent to drug therapy management pursuant to the consult agreement in compliance with paragraph (E) of rule 4729:1-06-01 of the Administrative Code.

(c) The specific diagnoses and diseases being managed under the agreement, including whether each disease is primary or comorbid.

(d) A description of the drugs or drug categories managed as part of the agreement.

(e) A description of the procedures, decision criteria, and plan the managing pharmacist is to follow in acting under a consult agreement. Such a description should provide a reasonable set of parameters for the activities a managing pharmacist is allowed to perform under a consult agreement.

(f) A description of the types of tests permitted pursuant to section 4729.39 of the Revised Code that may be ordered and evaluated by the managing pharmacist as long as the tests relate directly to the management of drug therapy. This may include specific tests or categories of testing that may be ordered and evaluated.

- (g) A description of how the managing pharmacist shall maintain a record of each action taken for each patient whose drug therapy is managed under the agreement. All prescribing, administering, and dispensing of drugs shall be documented using positive identification pursuant to paragraph (N) of rule 4729-5-01 of the Administrative Code.
- (h) A description of how communication between a managing pharmacist and practitioner acting under a consult agreement shall take place at regular intervals specified by the practitioner who authorized the agreement. The agreement may include a requirement that the managing pharmacist send a consult report to each consulting practitioner.
- (i) A provision that allows a practitioner to override a decision made by the managing pharmacist when appropriate.
- (j) An appropriate quality assurance mechanism to ensure that managing pharmacists only act within the scope authorized by the consult agreement.
- (k) A description of a continuous quality improvement (COI) program used to evaluate effectiveness of patient care and ensure positive patient outcomes. The COI program shall be implemented pursuant to the agreement.
- (l) The training and experience criteria for managing pharmacists. The criteria may include privileging or credentialing, board certification, continuing education or any other training requirements. The agreement shall include a process to verify that the managing pharmacists meet the specified criteria.
- (m) A statement that the practitioner(s) and pharmacists shall meet minimal standards of care at all times.
- (n) An effective date and expiration date.
- (o) Any other requirements contained in rules 4729:1-6-01, 4729:1-6-02 and 4729:1-6-03 of the Administrative Code.
- (2) Institutional or ambulatory outpatient facilities may implement a consult agreement and meet the requirements of paragraphs (A)(1)(c) to (A)(1)(f) of this rule through institutional credentialing standards or policies. Such standards or policies shall be referenced as part of the consult agreement and available to an agent of the board upon request.

- (3) The consult agreement shall be signed by the primary practitioner and one of the following:
 - (a) The terminal distributor's responsible person, which may include the responsible person's designee if the designee meets the qualifications of the responsible person pursuant to Chapter 4729. of the Revised Code; or
 - (b) A managing pharmacist licensed pursuant to Chapter 4729. of the Revised Code.
 - (4) All amendments to a consult agreement shall be signed and dated by the primary practitioner and one of the following:
 - (a) The terminal distributor's responsible person, which may include the responsible person's designee if the designee meets the qualifications of the responsible person pursuant to Chapter 4729. of the Revised Code; or
 - (b) A managing pharmacist licensed pursuant to Chapter 4729. of the Revised Code.
 - (c) Amendments to the consult agreement are required when the scope of the managing pharmacist's permitted procedures expands past what was contemplated in the original agreement.
 - (5) A consult agreement shall be valid for a period not to exceed two years.
 - (6) A practitioner may enter a consult agreement with an Ohio licensed pharmacist if the physician or podiatrist with whom the practitioner collaborates, with respect to patient(s) that are the proposed subjects of consult agreements, has authorized in the standard care agreement that the practitioner may enter consult agreements for those patient(s).
- (C) Recordkeeping. The primary practitioner, practitioner group or institution as defined in agency 4729 of the Administrative Code shall maintain a copy of the original consult agreement, all amendments made to the agreement, and a record of actions made in consultation with the managing pharmacist regarding each patient's drug therapy. The records shall be maintained in such a manner that they are readily retrievable for at least three years from the date of the last action taken under the agreement. Consult agreements shall be considered confidential patient records.
- (D) Managing drug therapy.

- (1) For purposes of implementing the management of a patient's drug therapy by an authorized managing pharmacist acting pursuant to a consult agreement, the primary practitioner must:
- (a) Provide the managing pharmacist with access to the patient's medical record;
 - (b) Establish the managing pharmacist's prescriptive authority as one or both of the following:
 - (i) A prescriber authorized to issue a drug order in writing, orally, by a manually signed drug order sent via facsimile or by an electronic prescribing system for drugs or combinations or mixtures of drugs to be used by a particular patient as authorized by the consult agreement. For all prescriptions issued by a pharmacist pursuant to this paragraph, the pharmacist shall comply with rules 4729-5-30 and 4729-5-13 of the Administrative Code; and or
 - (ii) With respect to non-controlled dangerous drugs only, an agent of the consulting practitioner(s). As an agent of the consulting practitioner(s), a pharmacist is authorized to issue a drug order, on behalf of the consulting practitioner(s), in writing, orally, by a manually signed drug order sent via facsimile or by an electronic prescribing system for drugs or combinations or mixtures of drugs to be used by a particular patient as authorized by the consult agreement;
 - (c) Specifically authorize the managing pharmacist's ability to:
 - (i) Change the duration of treatment for the current drug therapy; adjust a drug's strength, dose, dosage form, frequency of administration, route of administration, discontinue a drug, or to prescribe new drugs; and or
 - (ii) Order tests related to the drug therapy being managed and to evaluate those results; and
 - (d) Identify the extent to which, and to whom, the managing pharmacist may delegate drug therapy management to other authorized pharmacists under the agreement.
- (E) Review of consult agreements. Upon the request of the board, the practitioner shall immediately provide a copy of the consult agreement, amendments, and any related policies or documentation pursuant to this rule and section 4729.39 of the Revised

Code. The board may prohibit the execution of a consult agreement, or subsequently void a consult agreement, if the board finds any of the following:

(1) The agreement does not meet the requirements set forth in section 4729.39 of the Revised Code or Chapter 4723. of the Administrative Code; or

(2) The consult agreement, if executed, would present a danger to patient safety.

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4723-8-13**Standards for managing drug therapy according to a consult agreement.**

(A) A practitioner may elect to manage the drug therapy of an established patient by entering into a consult agreement with a pharmacist. The agreement is subject to but not limited by the following standards:

- (1) The primary practitioner must ensure that the managing pharmacist has access to the patient's medical record, the medical record is accurate, and that while transferring the medical record, the primary practitioner ensures the confidentiality of the medical record.
- (2) The practitioner must have an ongoing practitioner-patient relationship with the patient whose drug therapy is being managed, including an initial assessment and diagnosis by the practitioner prior to the commencement of the consult agreement.
- (3) With the exception of inpatient management of patient care at an institutional facility as defined in agency 4729 of the Administrative Code, the practitioner, prior to a pharmacist managing the patient's drug therapy, shall communicate the content of the proposed consult agreement to each patient whose drug therapy is managed under the agreement, in such a manner that the patient or the patient's representative understands the scope and role of the managing pharmacist, which includes the following:
 - (a) That a pharmacist may be utilized in the management of the patient's care;
 - (b) That the patient or an individual authorized to act on behalf of a patient has the right to elect to participate in and to withdraw from the consult agreement; and
 - (c) Consent may be obtained as part of the patient's initial consent to treatment.
- (4) The diagnosis by the practitioner must be within the practitioner's scope of practice.
- (5) The practitioner shall meet the minimal and prevailing standards of care.
- (6) The practitioner must ensure that the pharmacist managing the patient's drug therapy has the requisite training and experience related to the particular diagnosis for which the drug therapy is prescribed. Practitioners practicing at institutional or ambulatory outpatient facilities may meet this requirement through institutional credentialing standards or policies.

- (7) The practitioner shall review the records of all services provided to the patient under the consult agreement.
- (B) Quality assurance mechanisms. The following quality assurance mechanisms shall be implemented to verify information contained within the consult agreement, and ensure the managing pharmacist's actions are authorized and meet the standards listed in paragraphs (A) and (B) of this rule:
- (1) Verification of ongoing practitioner-patient relationship. A practitioner-patient relationship can be established by detailing criteria set forth in paragraph (A) (2) of this rule within the consult agreement.
 - (2) Verification that practitioner diagnosis is within the practitioner's scope of practice. Establishing that a diagnosis is within the practitioner scope of practice may be established by detailing the criteria set forth in paragraph (A)(4) of this rule within the consult agreement.
 - (3) Verification that the pharmacist's training and experience is related to the drug therapy. Establishing that a pharmacist's requisite training and experience with a particular drug therapy is related to the diagnosis for which the drug therapy is prescribed may be established by detailing the criteria set forth in paragraph (A)(6) of this rule within the consult agreement.
- (C) Continuous quality improvement program. The following should be included in the development of a continuous quality improvement program in order to evaluate the effectiveness of patient care and ensure positive patient outcome:
- (1) Notifications to the primary practitioner. The managing pharmacist must notify the primary practitioner of the following situations regarding any pharmacist authorized to manage drug therapy under the agreement:
 - (a) A pharmacist has had their pharmacist license revoked, suspended, or denied by the state board of pharmacy;
 - (b) If prescribing controlled substances, a pharmacist has failed to renew their controlled substance prescriber registration;
 - (c) If prescribing controlled substances, a pharmacist fails to obtain or maintain a valid D.E.A. registration;
- (D) Overriding decisions of managing pharmacist. Any authorized practitioner identified under the consult agreement may override any decision, change, modification, evaluation or other action by any pharmacist acting pursuant to the consult agreement

or under the direction of the managing pharmacist, that was made with respect to the management of the patient's drug therapy under the consult agreement.

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4723-9-10

Formulary; standards of prescribing for advanced practice registered nurses designated as clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners.

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in paragraph (B) of this rule, except as otherwise provided:

- (1) "Acute pain" means pain that normally fades with healing, is related to tissue damage, significantly alters a patient's typical function, and is expected to be time-limited and not more than six weeks in duration.
- (2) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for twelve or more weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.
- (3) "Extended-release or long-acting opioid analgesic" means an opioid analgesic that:
 - (a) Has United States food and drug administration approved labeling indicating that it is an extended-release or controlled release formulation;
 - (b) Is administered via a transdermal route; or
 - (c) Contains methadone.
- (4) "Family member" means a spouse, parent, child, sibling or other individual with respect to whom an advanced practice registered nurse's personal or emotional involvement may render the advanced practice registered nurse unable to exercise detached professional judgment in reaching diagnostic or therapeutic decisions.
- (5) "Hospice care program" has the same meaning as in section 3712.01 of the Revised Code.
- (6) "ICD-10-CM medical diagnosis code" means the disease code in the most current international classification of diseases, clinical modifications published by the United States department of health and human services.
- (7) "Opioid analgesic" has the same meaning as in section 3719.01 of the Revised Code, and means a controlled substance that has analgesic

pharmacological activity at the opioid receptors of the central nervous system, including but not limited to the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol.

- (8) "Medication therapy management" has the same meaning as in rules adopted by agency 4729 of the Administrative Code.
 - (9) "Minor" has the same meaning as in section 3719.061 of the Revised Code.
 - (10) "Morphine equivalent daily dose (MED)" means a conversion of various opioid analgesics to a morphine equivalent dose by the use of accepted conversion tables provided by the state board of pharmacy at: https://www.ohiopmp.gov/MED_Calculator.aspx (effective 2017).
 - (11) "Palliative care" has the same meaning as in section 3712.01 of the Revised Code.
 - (12) "Sub-acute pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for more than six weeks but less than twelve weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical or surgical treatment, inflammation, or unknown cause.
 - (13) "Terminal condition" has the same meaning as in section 2133.01 of the Revised Code.
- (B) Exclusionary formulary. An advanced practice registered nurse with a current valid license issued by the board and designated as a certified nurse practitioner, clinical nurse specialist or certified nurse midwife shall not prescribe or furnish any drug or device in violation of federal or Ohio law, or rules adopted by the board, including this rule. The prescriptive authority of an advanced practice registered nurse designated as a certified nurse practitioner, clinical nurse specialist and certified nurse midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist.
- ~~(C) The committee on prescriptive governance shall review the exclusionary formulary at least twice a year, and submit the recommended exclusionary formulary to the board. After reviewing a formulary submitted by the committee, the board may either adopt the formulary as a rule or ask the committee to reconsider and resubmit the formulary.~~

~~The board shall not adopt any rule that does not conform to a formulary developed by the committee.~~

- ~~(D)~~(C) An advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe any drug or therapeutic device in any form or route of administration if:
- (1) The ability to prescribe the drug or therapeutic device is within the scope of practice in the advanced practice registered nurse's license designation;
 - (2) The prescription is consistent with the terms of a standard care arrangement entered into with a collaborating physician;
 - (3) The prescription would not exceed the prescriptive authority of the collaborating physician, including restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board, or by the state medical board rules, including but not limited to rule 4731-11-09 of the Administrative Code;
 - (4) The individual drug or subtype or therapeutic device is not one excluded by the exclusionary formulary set forth in paragraph (B) of this rule;
 - (5) The prescription meets the requirements of state and federal law, including but not limited to this rule, and all prescription issuance rules adopted by agency 4729 of the Administrative Code;
 - (6) A valid prescriber-patient relationship exists. This relationship may include, but is not limited to:
 - (a) Obtaining a relevant history of the patient;
 - (b) Conducting a physical or mental examination of the patient;
 - (c) Rendering a diagnosis;
 - (d) Prescribing medication;
 - (e) Consulting with the collaborating physician when necessary; and
 - (f) Documenting these steps in the patient's medical records;
 - (7) Notwithstanding paragraph ~~(D)~~(C)(6) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe or

personally furnish a drug according to section 4723.4810 of the Revised Code to not more than a total of two individuals who are sexual partners of the advanced practice registered nurse's patient.

(8) If the patient is a family member, acceptable and prevailing standards of safe nursing care require that the advanced practice registered nurse maintain detached professional judgment. The advanced practice registered nurse shall not prescribe to a family member unless:

(a) The advanced practice registered nurse is able to exercise detached professional judgment in reaching diagnostic or therapeutic decisions;

(b) The prescription is documented in the patient's record.

(9) Controlled substances. For drugs that are a controlled substance:

(a) The advanced practice registered nurse has obtained a United States drug enforcement administration registration, except if not required to do so as provided in rules adopted by agency 4729 of the Administrative Code, and indicates the number on the prescription;

(b) The prescription indicates the ICD-10-CM medical diagnosis code of the primary disease or condition that the controlled substance is being used to treat. The code shall, at minimum, include the first four alphanumeric characters of the ICD-10 CM medical diagnosis code, sometimes referred to as the category and etiology (ex. M165);

(c) The prescription indicates the days' supply of the controlled substance prescription.

(d) The patient is not a family member; and

(e) The advanced practice registered nurse shall not self-prescribe a controlled substance.

~~(E)~~(D) Schedule II controlled substances. Except as provided in paragraph ~~(E)~~(F) of this rule, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance only in situations where all of the following apply:

(1) A patient has a terminal condition;

(2) A physician initially prescribed the substance for the patient; and

(3) The prescription is for a quantity that does not exceed the amount necessary for the patient's use in a single, seventy-two hour period.

~~(F)~~(E) Subject to the requirements set forth in paragraphs ~~(G)~~(F), ~~(L)~~, and ~~(K)~~(J) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance, if not excluded by the exclusionary formulary set forth in paragraph (B) of this rule, if the advanced practice registered nurse issues the prescription to the patient from any of the following locations:

- (1) A hospital registered under section 3701.07 of the Revised Code;
- (2) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;
- (3) A health care facility operated by the department of mental health or the department of developmental disabilities;
- (4) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;
- (5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;
- (6) A hospice care program;
- (7) A community mental health agency, as defined in section 5122.01 of the Revised Code;
- (8) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;
- (9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;
- (10) A federally qualified health center, as defined in section 3701.047 of the Revised Code;
- (11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;
- (12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;

(13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site; or

(14) A residential care facility, as defined in section 3721.01 of the Revised Code.

~~(G)~~(F) An advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the clinic is owned or operated by an entity specified in paragraph ~~(F)~~(E) of this rule.

~~(H)~~(G) Acute pain. For the treatment of acute pain, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall comply with the following:

(1) Extended-release or long-acting opioid analgesics shall not be prescribed for the treatment of acute pain;

(2) Before prescribing an opioid analgesic, the advanced practice registered nurse shall first consider non-opioid treatment options. If opioid analgesic medications are required as determined by history and physical examination, the prescription should be for the minimum quantity and potency needed to treat the expected duration of pain, with a presumption that a three-day supply or less is frequently sufficient;

(3) In all circumstances where opioid analgesics are prescribed for acute pain:

(a) Except as provided in paragraph ~~(H)~~(G)(3)(a)(iii) of this rule, the duration of the first opioid analgesic prescription for the treatment of an episode of acute pain shall be:

(i) For adults, not more than a seven-day supply with no refills;

(ii) For minors, not more than a five-day supply with no refills. As set forth in section 4723.481 of the Revised Code, the advanced practice registered nurse shall comply with section 3719.061 of the Revised Code, including but not limited to obtaining the parent or guardian's written consent prior to prescribing an opioid analgesic to a minor;

- (iii) The seven-day limit for adults and five-day limit for minors may be exceeded for pain that is expected to persist for longer than seven days based on the pathology causing the pain. In this circumstance, the reason that the limits are being exceeded and the reason that a non-opioid analgesic medication was not appropriate to treat the patient's condition shall be documented in the patient's medical record; and
 - (iv) If a patient is intolerant of or allergic to an opioid medication initially prescribed, a prescription for a different opioid medication may be issued at any time during the initial seven-day or five-day dosing period, and the new prescription shall be subject to the requirements of this rule. The patient's intolerance or allergy shall be documented in the patient's medical record, and the patient advised to safely dispose of the unused medication;
 - (b) The patient, or a minor's parent or guardian, shall be advised of the benefits and risks of the opioid analgesic, including the potential for addiction, and the advice shall be documented in the patient's medical record; and
 - (c) The total morphine equivalent dose (MED) of a prescription for opioid analgesics for treatment of acute pain shall not exceed an average of thirty MED per day, except when:
 - (i) The circumstances set forth in paragraph (A)(3)(c) of rule 4731-11-13 of the Administrative Code exist; and
 - (ii) The patient's treating physician has entered a standard care arrangement with the advanced practice registered nurse that states the understanding of the physician as to when the advanced practice registered nurse may exceed the thirty MED average, and when the advanced practice registered nurse must consult with the physician prior to exceeding the thirty MED average. The standard care arrangement in this circumstance must comply with rule 4731-11-13 of the Administrative Code, and the advanced practice registered nurse must document in the patient's record the reason for exceeding the thirty MED average and the reason it is the lowest dose consistent with the patient's medical condition.
- ~~(H)~~(H) The requirements of paragraph ~~(G)~~(H) of this rule apply to treatment of acute pain, and do not apply when an opioid analgesic is prescribed:
- (1) To a patient in a hospice care;

- (2) To a patient who is receiving palliative care;
- (3) To a patient who has been diagnosed with a terminal condition, as defined as follows:
 - (a) An irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:
 - (i) There can be no recovery; and
 - (ii) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered; or
- (4) To a patient who has cancer or a condition associated with the individual's cancer or history of cancer.

~~(K)~~(I) The requirements of paragraph ~~(G)~~(H) of this rule do not apply to:

- (1) Prescriptions for opioid analgesics for the treatment of opioid addiction utilizing a controlled substance that is approved by the FDA for opioid detoxification or maintenance treatment; or
- (2) Inpatient prescriptions as defined in rules adopted by agency 4729 of the Administrative Code.

~~(K)~~(J) Sub-acute and chronic pain. As specified in section 4723.481 of the Revised Code, for treatment of sub-acute and chronic pain, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall prescribe in a manner not exceeding the prescriptive authority of the collaborating physician or podiatrist. Prescribing parameters specifically include, but are not limited to, the following requirements set forth in rule 4731-11-14 of the Administrative Code:

- (1) Prior to treating, or continuing to treat sub-acute or chronic pain with an opioid analgesic, the advanced practice registered nurse shall first consider and document non-medication options. If opioid analgesic medications are required as determined by a history and physical examination, the advanced practice registered nurse shall prescribe the minimum quantity and potency needed to treat the expected duration of pain and improve the patient's ability to function;
- (2) Before prescribing an opioid analgesic for sub-acute or chronic pain, the advanced practice registered nurse shall complete or update and document in the patient

record assessment activities to assure the appropriateness and safety of the medication, as required by rule 4731-11-14 of the Administrative Code, including but not limited to:

- (a) Completing an OARRS check in compliance with rule 4723-9-12 of the Administrative Code;
 - (b) Offering the patient a prescription for naloxone if the following circumstances exist:
 - (i) The patient has a prior history of opioid overdose;
 - (ii) The patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisprodal, tramadol, or gabapentin;
 - (iii) The patient has a concurrent substance use disorder; or
 - (iv) The dosage exceeds eighty MED as discussed in paragraph ~~(K)~~(J)(5) of this rule;
 - (c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph ~~(K)~~(J)(4) of this rule.
- (3) During the course of treatment with an opioid analgesic at doses below the average of fifty MED per day, the advanced practice registered nurse shall provide periodic follow-up assessment and documentation of the patient's functional status, the patient's progress toward treatment objectives, indicators of possible addiction, drug abuse or diversion, and any adverse drug effects.
- (4) Fifty MED. Prior to increasing the opioid dosage to a daily average of fifty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:
- (a) Review and update the assessment completed in paragraph ~~(K)~~(J)(2) of this rule if needed. The advanced practice registered nurse may rely on an appropriate assessment completed within a reasonable time if the advanced practice registered nurse is satisfied that he or she may rely on that information for purposes of meeting the requirements of Chapter 4723-8 and Chapter 4723-9 of the Administrative Code;

- (b) Except when the patient was prescribed an average daily dosage that exceeded fifty MED before the effective date of this rule, document consideration of:
 - (i) Consultation with a specialist in the area of the body affected by the pain;
 - (ii) Consultation with a pain management specialist;
 - (iii) Obtaining a medication therapy management review by a pharmacist;
 - (iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted;
 - (c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph ~~(K)~~(J)(4) of this rule;
 - (d) During the course of treatment with an opioid analgesic at doses at or above the average of fifty MED per day, the advanced practice registered nurse shall complete and document in the patient record all of the information and activities required by rule 4731-11-14 of the Administrative Code not less than every three months.
- (5) Eighty MED. Prior to increasing the opioid dosage to a daily average of eighty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:
- (a) A written pain management agreement shall be entered with the patient that outlines the advanced practice registered nurse's and patient's responsibilities during treatment, which requires the patient or patient guardian's agreement to all of the provisions set forth in rule 4731-11-14 of the Administrative Code;
 - (b) The advanced practice registered nurse shall offer the patient a prescription for naloxone;
 - (c) Except when the patient was prescribed an average daily dosage that exceeded eighty MED before the effective date of this rule, the advanced practice registered nurse shall obtain at least one of the following based upon the patient's clinical presentation:

- (i) Consultation with a specialist in the area of the body affected by the pain;
 - (ii) Consultation with a pain management specialist;
 - (iii) A medication therapy management review by a pharmacist; or
 - (iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted.
- (6) One hundred twenty MED. The advanced practice registered nurse shall not prescribe a dosage that exceeds an average of one hundred twenty MED per day. This prohibition shall not apply under the following circumstances:
- (a) The advanced practice registered nurse holds national certification by a national certifying organization approved according to section 4723.46 of the Revised Code in:
 - (i) Pain management;
 - (ii) Hospice and palliative care;
 - (iii) Oncology; or
 - (iv) Hematology, or coursework in hematology leading to certification in oncology;
 - (b) The advanced practice registered nurse of has received a written recommendation for a dosage exceeding an average of one hundred twenty MED per day from a board certified pain medicine physician, a board certified hospice and palliative care physician, or a board certified oncology or hematology physician, who based the recommendation on a face-to-face visit and examination of the patient. The advanced practice registered nurse shall maintain the written recommendation in the patient's record; or
 - (c) The patient was receiving an average daily dose of one hundred twenty MED or more prior to the effective date of this rule. However, prior to escalating the patient's dose, the advanced practice registered nurse shall receive a written recommendation as set forth in paragraph ~~(K)~~(J)(6)(b) of this rule.

(7) The requirements of paragraph ~~(K)~~(J) of this rule do not apply when an opioid analgesic is prescribed:

- (a) To a patient in hospice care;
- (b) To an patient who has terminal cancer or another terminal condition, as defined as follows:

An irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:

- (i) There can be no recovery; and
- (ii) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered; or

(c) As an inpatient prescription as defined in rules adopted by agency 4729 of the Administrative Code.

~~(L)~~ Drugs approved by the FDA but not yet reviewed and approved by the committee on prescriptive governance may be prescribed, unless later disapproved by the committee on prescriptive governance, if:

- ~~(1)~~ The drug type or subtype is not excluded on the formulary set forth in paragraph ~~(B)~~ of this rule; and
- ~~(2)~~ The collaborating physician has agreed in the standard care arrangement that the advanced practice registered nurse may prescribe drugs approved by the FDA, that meet the criteria set forth in paragraphs ~~(L)(1)~~ and ~~(L)(2)~~ of this rule, that have not yet been reviewed and approved by the committee on prescriptive governance.

~~(M)~~(K) As specified in section 4723.44 of the Revised Code, an advanced practice registered nurse designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not prescribe any drug or device to perform or induce an abortion, as that term is defined in section 2919.11 of the Revised Code.

~~(N)~~(L) As specified in section 4723.488 of the Revised Code, notwithstanding the requirements of this rule, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe or personally furnish naloxone.

~~(O)~~(M) The requirements of paragraph ~~(D)~~(C)(9)(c) of this rule apply to prescriptions for products that contain gabapentin.

(N) The advanced practice registered nurse may enter consult agreements with pharmacists in accordance with section 4729.39 of the Revised Code and rules 4723-8-12 and 4723-8-13 of the Administrative Code.

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Five Year Review (FYR) Dates: 10/15/2025

Certification

Date

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4723.487, 4723.486
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02/01/2008, 02/01/2011, 02/01/2012, 11/05/2012,
02/01/2014, 02/01/2016, 08/31/2017, 01/01/2018,
12/22/2018, 02/01/2020, 02/01/2021

4723-13-02

General information.

(A) A nursing task may be delegated to an unlicensed person only by a licensed nurse who shall delegate in accordance with this chapter.

(B) Nothing in this chapter shall be construed to prevent any person registered, certified, licensed, or otherwise legally authorized in this state under any law from engaging in the practice for which such person is registered, certified, licensed, or authorized.

"Otherwise legally authorized" may include, but is not limited to, authorization for medication administration pursuant to section 3313.713 of the Revised Code, DODD personnel authorized to perform tasks or activities pursuant to sections 5123.41 to 5123.47 of the Revised Code, and individuals authorized to administer medications or perform tasks pursuant to Title 47 of the Revised Code.

(C) Nothing in this chapter shall prohibit an unlicensed person from assisting an individual who can safely self direct his or her own care, including, helping the individual with self-administration of medications in a facility where the substantial purpose of the setting is other than the provision of health care. An unlicensed person assisting with self-administration of medications may do only the following:

(1) Remind an individual when to take the medication and observe to ensure that the individual follows the directions on the container;

(2) Assist an individual in the self-administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication in it to the individual. If the individual is physically unable to open the container, the unlicensed person may open the container for the individual;

(3) Assist upon request by or with the consent of, a physically impaired but mentally alert individual, in removing oral or topical medication from the container and in taking or applying the medication. If an individual is physically unable to place a dose of medicine in the individual's mouth without spilling or dropping it, an unlicensed person may place the dose in another container and place that container to the mouth of the individual; or

(4) Assisting an individual with self-administration does not mean that an unlicensed person can administer medication to an individual, whether orally, by injection, or by any other route.

(D) Nothing in this chapter shall prohibit an unlicensed person from administering medication under the following circumstances:

- (1) The giving of oral or the applying of topical medication in accordance with sections 5123.41 to 5123.47 of the Revised Code and in accordance with rules 5123-6-01 and 5123-6-07 ~~5123:2-6-01 to 5123:2-6-07~~ of the Administrative Code;
- (2) When medication is administered by an individual employed by a board of education, or a school chartered by the state board of education, who has been designated according to section 3313.713 of the Revised Code to administer to a student a drug prescribed by an authorized prescriber; or
- (3) In accordance with any other law or rule that authorizes an unlicensed person to administer medications.

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02/01/2004, 02/01/2007, 02/01/2012

4723-13-05

Criteria and standards for a licensed nurse delegating to an unlicensed person.

- (A) A registered nurse may delegate a nursing task to an unlicensed person if all the conditions for delegation set forth in this chapter are met.
- (B) A licensed practical nurse may delegate to an unlicensed person only at the direction of the registered nurse and if all the conditions for delegation set forth in this chapter are met.
- (C) An advanced practice registered nurse may delegate the administration of medication to an unlicensed person in accordance with the requirements set forth in division ~~(B)~~(C) of section 4723.48 of the Revised Code and section 4723.489 of the Revised Code.
- (D) Except as otherwise authorized by law or this chapter, a licensed nurse may delegate to an unlicensed person the administration of only the following medications:
- (1) Over-the-counter topical medications to be applied to intact skin for the purpose of improving a skin condition or providing a barrier; and
 - (2) Over-the-counter eye drop, ear drop, and suppository medications, foot soak treatments, and enemas.
- (E) Prior to delegating a nursing task to an unlicensed person, the delegating nurse shall determine each of the following:
- (1) That the nursing task is within the scope of practice of the delegating nurse as set forth in section 4723.01 of the Revised Code.
 - (2) That the nursing task is within the knowledge, skill, and ability of the nurse delegating the nursing task;
 - (3) That the nursing task is within the training, ability, and skill of the unlicensed person who will be performing the delegated nursing task;
 - (4) That appropriate resources and support are available for the performance of the task and management of the outcome; and
 - (5) That adequate and appropriate supervision by a licensed nurse of the performance of the nursing task is available in accordance with rule ~~4723.4732~~ 4723-13-07 of the Administrative Code.
 - (6) That:

- (a) The nursing task requires no judgment based on nursing knowledge and expertise on the part of the unlicensed person performing the task;
- (b) The results of the nursing task are reasonably predictable;
- (c) The nursing task can be safely performed according to exact, unchanging directions, with no need to alter the standard procedures for performing the task;
- (d) The performance of the nursing task does not require that complex observations or critical decisions be made with respect to the nursing task;
- (e) The nursing task does not require repeated performance of nursing assessments; ~~and~~
- (f) The consequences of performing the nursing task improperly are minimal and not life-threatening; and
- (g) Whether the nursing task, when added to the total number of delegated nursing tasks to be performed for an individual, indicates that the individual requires licensed nursing care rather than care provided by an unlicensed person.

(F) Prior to delegating a nursing task, the delegating nurse shall:

(1) Identify:

- (a) The individual on whom the nursing task may be performed; and
- (b) A specific time frame during which the delegated nursing task may be performed.

(2) Complete an evaluation of the conditions that relate to the delegation of the nursing task to be performed, including:

- (a) An evaluation of the individual who needs nursing care;
- (b) The types of nursing care the individual requires;
- (c) The complexity and frequency of the nursing care needed, including considering the number of nursing tasks required;
- (d) The stability of the individual who needs nursing care; and

- (e) A review of the evaluations performed by other licensed health care professionals.
- (G) The delegating nurse shall be accountable for the decision to delegate nursing tasks to an unlicensed person.
- (H) If a licensed nurse determines that an unlicensed person is not correctly performing a delegated nursing task, the licensed nurse shall immediately intervene.

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04/01/2017

4723-16-01

General information.

(A) For the purpose of this chapter of the Administrative Code:

- (1) "Days" means calendar days.
- (2) "Board hearing committee" means a standing committee of not less than three board members, appointed by the board at a public meeting, to conduct administrative hearings and provide a report and recommendation to the board as set forth in rule 4723-16-13 of the Administrative Code.
- (3) "Hearing examiner" means the attorney appointed by the board to conduct a hearing pursuant to section 119.09 of the Revised Code.
- (4) "Respondent" means the person who is requesting or has requested a hearing as provided in Chapter 119. of the Revised Code.
- (5) "Representative of record" means the respondent or legal counsel for respondent who has filed a notice of appearance in accordance with rule 4723-16-02 of the Administrative Code or the assistant attorney general representing the state of Ohio.
- (6) "Telecommunication" means communication by telephone conference or videoconference.

(B) The compilation of all time periods set forth in this chapter of the Administrative Code shall be in accordance with section 1.14 of the Revised Code.

(C) Procedures for filing, or mailing a motion or notice related to a board hearing shall comply with the following:

- (1) Any notice specifying the date, time, and place for a hearing mailed by the board shall be mailed by certified mail, or regular mail with a certificate of mailing, to respondent and, if applicable, respondent's representative of record.
- (2) The mailing date of any document mailed by the board, including but not limited to, a notice of opportunity or adjudication order, shall be the date appearing on the certified mail receipt or certificate of mailing.
- (3) A document is filed with the board when the document is received and time stamped at the board office located in Columbus, Ohio. ~~Documents emailed or faxed after normal board business hours will be time stamped as received by the board the following business day.~~

- (4) A document may be filed by hand-delivery, mail, email or facsimile. If multiple copies of the same document are filed, only the first to be received by the board will be time stamped and retained by the board.
- (D) A certified copy of a conviction, plea of guilty to, judicial finding of guilt, judicial finding of eligibility for pretrial diversion or similar program, or judicial finding of eligibility for intervention in lieu of conviction related to a felony or misdemeanor from a court of competent jurisdiction shall be conclusive proof of the commission of all elements of the felony or misdemeanor.
- (E) The Ohio Rules of Evidence may be taken into consideration by the board, board hearing committee or the hearing examiner in determining the admissibility of evidence but shall not be controlling. The board, board hearing committee or hearing examiner may permit the use of electronic or photographic means for presentation of evidence.

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02/01/2010, 02/01/2015

4723-16-02

Hearing representation and appearances.

- (A) Respondents may be self represented or may be represented by an attorney, or attorneys, admitted to the practice of law in Ohio, and holding a current, active license to practice in Ohio.
- (B) When respondent is represented by an attorney or attorneys, the attorney or attorneys each shall file a written notice of appearance with the board. The attorney or attorneys who have filed a notice of appearance with the board shall be considered by the board as the representative of record unless and until a written notice of withdrawal is filed with the board or until written notice of termination of representation is filed by respondent.
- (C) A representative of record may present respondent's position, arguments, or contentions in writing rather than appearing in person at any hearing, provided the board has not subpoenaed respondent to appear at the hearing, and provided respondent has timely requested a hearing.
- (D) Respondent is not required to appear in person at any hearing provided the board has not subpoenaed the respondent to appear at the hearing. For good cause shown, respondent may appear by telecommunication. Respondent's representative of record shall not be permitted to appear by telecommunication unless the hearing examiner or board hearing committee has ordered the hearing to be conducted by videoconference as specified in rule 4723-16-13 of the Administrative Code ~~under any circumstance.~~
- (E) The office of the attorney general shall identify one attorney from that office as the representative of record for purposes of service pursuant this chapter of the Administrative Code. Each assistant attorney general representing the board shall file his or her appearance in writing.
- (F) Except as otherwise provided in Chapter 119. of the Revised Code, communications from the board, board hearing committee or hearing examiner shall be sent to the representative of record for each party.

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4723-16-13

Authority and duties of board hearing committee or hearing examiners.

- (A) Adjudication hearings may be conducted before the board, a board hearing committee or a hearing examiner appointed by the board.
- (B) The hearing examiner shall be licensed to practice law in Ohio and may be an employee of the board or an independent contractor.
- (C) The board hearing committee shall be composed of at least three board members, and one or more alternates, appointed by the board at a public meeting, to serve for a term of one year. One board hearing committee member shall preside and be responsible for conduct of the hearing. The presiding board member shall also be responsible for approving the report and recommendation discussed in paragraph (H) of this rule. The board hearing committee may request advice on legal questions from a staff attorney employed by the board, or an attorney with whom the board contracts as a hearing examiner, related to procedural or evidentiary questions or in preparation of the report and recommendation. This legal consultation shall not be deemed an ex parte communication.
- (D) All hearings shall be open to the public, but the board hearing committee or hearing examiner conducting a hearing may close the hearing to the extent necessary to protect compelling interests or to comply with statutory requirements. In the event this occurs, the board hearing committee or hearing examiner shall state on the public record the reasons for closing the hearing.
- (E) If the hearing examiner or board hearing committee determines that permitting broadcasting, televising, recording or the taking of photographs in the hearing room would not distract participants, impair the dignity of the proceedings, violate patient confidentiality or otherwise materially interfere with the achievement of a fair administrative hearing, the broadcasting, televising, recording or taking of photographs during hearing proceedings open to the public may be permitted under the following conditions and upon request:
- (1) Requests for permission for the broadcasting, televising, recording or taking of photographs in the hearing room shall be made in writing and submitted to the hearing examiner or board hearing committee prior to the start of the hearing, and shall be made part of the record of the proceedings;
 - (2) Written permission is granted prior to the start of the hearing by the hearing examiner or board hearing committee and is made part of the record of the proceedings;

- (3) The filming, videotaping, recording or taking of photographs of witnesses who object shall not be permitted; and
 - (4) Any film, video, photograph or audio recording created during a hearing, except for an audio recording made by the court reporter hired by the board to prepare the stenographic hearing record, shall not be part of the record of the proceeding.
- (F) The board hearing committee or hearing examiner shall conduct hearings so as to prevent unnecessary delay, maintain order and ensure the development of a clear record. The authority of the board hearing committee or hearing examiner conducting a hearing includes, but is not limited to, the following:
- (1) Administering oaths or affirmations;
 - (2) Ordering that subpoenas be issued or that depositions in lieu of live testimony be conducted;
 - (3) Examining witnesses and directing witnesses to testify;
 - (4) Making rulings on admissibility of evidence;
 - (5) Making rulings on procedural motions, whether such motions are oral or written;
 - (6) Holding prehearing conferences, as discussed in rule 4723-16-05 of the Administrative Code;
 - (7) Requesting briefs, before, during or after a hearing;
 - (8) Issuing scheduling orders for exchange of documents and filing deadlines;
 - (9) Determining the order of the hearing;
 - (10) Requiring or disallowing oral or written opening statements and closing arguments;
 - (11) Consolidating two or more matters involving the same respondent into one hearing;
 - (12) Preparing entries, proposed findings, and reports and recommendations to the board, as discussed in paragraph (H) of this rule; and
 - (13) Based upon a conflict in schedule, complexity of the issues involved, or for reasons of administrative efficiency, the board hearing committee may reassign

the matter to a hearing examiner, or a hearing examiner may reassign to another hearing examiner or to the board hearing committee.

- (14) In the sole discretion of the board hearing committee or hearing examiner, the hearing may be conducted by live, real-time video conference if requested and agreed upon by both parties. The board hearing committee or hearing examiner shall issue instructions as to how the proceeding is to be conducted. The video conference platform selected must enable the parties, hearing examiner, court reporter and witnesses to see and converse with each other and to display documentary and physical evidence. The video conference platform selected must be widely available to the general public without charge, and accessible to the public to watch and listen to the hearing, upon request, unless the hearing or portions thereof are closed to the public by the hearing examiner according to paragraph (D) of this rule.
- (G) The board hearing committee or hearing examiner may recommend in the report and recommendation that factual or legal allegations set forth in the notice of opportunity for hearing issued to respondent be dismissed, however, the authority of the board hearing committee or hearing examiner does not include authority to grant motions for dismissal of, or to otherwise dismiss, factual or legal allegations, or to modify, compromise or settle factual or legal allegations.
- (H) Within one hundred twenty days of the date an adjudication hearing is closed, the board hearing committee or hearing examiner assigned to the case shall submit a written report to the board setting forth the proposed findings of fact and conclusions of law, or in the case of the board hearing committee, conclusions, and a recommendation of action to be taken by the board. A copy of the written report shall be mailed by certified mail to representatives of record for both parties. Either party may, within ten days of receipt of the report and recommendation, file written objections. Written objections, if filed in a timely manner, shall be considered by the board in determining whether to approve, modify or reject the report and recommendation.
- (I) At a board meeting scheduled after the time for filing objections to a report and recommendation has passed, the board may approve, modify or reject the report and recommendation of the board committee or hearing examiner. Members of the board hearing committee that heard a case shall abstain from voting on a matter heard as members of the board hearing committee.

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4723-23-05

Renewal of a certificate to practice as a dialysis technician.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

- (A) The board shall provide access to an on-line "Dialysis Technician Renewal Application," for renewal to every holder of a current, valid dialysis technician certificate, except when the board is aware that the individual may be ineligible for renewal for any reason, including those reasons set forth in section 4723.092 of the Revised Code.
- (B) To renew a dialysis technician certificate, a holder of a current, valid certificate shall complete the continuing education requirements set forth in rule 4723-23-06 of the Administrative Code and submit:
- (1) A completed "Dialysis Technician Renewal Application"; and
 - (2) A renewal fee of thirty-five dollars; ~~and,~~
 - ~~(3) Verification of completion of the continuing education requirements set forth in rule 4723-23-06 of the Administrative Code.~~
- (C) If a completed renewal application is not submitted on-line by March first of odd numbered years, in order to renew the applicant shall pay a late processing fee according to division (A)(13) of section 4723.08 of the Revised Code. The late processing fee is in addition to the renewal fee specified in paragraph (B) of this rule.
- (D) A certificate holder with a current, valid certificate who does not intend to practice as a dialysis technician in Ohio may request that the certificate be placed on inactive status at any time by submitting to the board a written statement or electronic request asking that the certificate be placed on inactive status.
- (E) A certificate holder who has requested that their dialysis technician certificate be placed on inactive status is not required to pay a renewal fee unless the holder seeks to reactivate the certificate. If the certificate holder placed a certificate on inactive status after March first of the year in which the certificate was to be renewed, and then notifies the board on or before March thirty-first of the same renewal year of the intent to reactivate, the certificate holder must still pay the late processing fee required by paragraph (C) of this rule.
- (F) A dialysis technician who does not renew a certificate on or before March thirty-first of odd numbered years, and has not requested inactive status according to paragraph (E) of this rule, shall have a lapsed certificate.

- (G) An individual who continues to practice in Ohio as a dialysis technician with an inactive or lapsed certificate shall be subject to disciplinary action under section 4723.28 of the Revised Code.
- (H) To reactivate an inactive certificate or reinstate a lapsed certificate, an individual must complete the continuing education requirements set forth in rule 4723-23-06 of the Administrative Code and submit:
- (1) A completed "Dialysis Technician Reactivation or Reinstatement Application,"; and
 - (2) A reactivation fee of thirty-five dollars; ~~and.~~
 - ~~(3) Verification of completion of the continuing education requirements set forth in paragraph (B) of rule 4723-23-06 of the Administrative Code.~~
- (I) A dialysis technician certificate holder who is a service member or veteran, as defined in rule 4723-2-01 of the Administrative Code, or who is the spouse or surviving spouse of a service member or veteran, may be eligible for a waiver of the late application fee and the reinstatement fee according to rule 4723-2-03 of the Administrative Code.

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02/01/2016, 02/01/2021

4723-26-01

Definition of terms.

For the purpose of this chapter, the following definitions apply:

- (A) "Administrator" means the individual who is administratively responsible for a community health worker training program.
- (B) "Board" means the Ohio board of nursing.
- (C) "Certificate to practice" means the certificate issued by the board in accordance with section 4723.85 of the Revised Code.
- (D) "Clinical experience" means a task or activity planned to meet course objectives or outcomes and to provide community health worker students with the opportunity to practice cognitive, psychomotor, and affective skills related to the delivery of care by community health workers. This experience may take place in a community setting or other appropriate site.
- (E) "Community health worker" and "certified community health worker" mean an individual who satisfies both of the following:
 - (1) As a community representative, advocates for clients in the community by assisting them in accessing community health and supportive resources through the provision of such services as education, role modeling, outreach, home visits, or referrals; and
 - (2) Holds a certificate to practice issued or renewed by the board under section 4723.85 of the Revised Code.
- (F) "Continuing education" means a planned learning activity that builds upon a community health worker's precertification education program and enables a community health worker to acquire or improve skills, knowledge or behavior that promotes professional or technical development or the enhancement of career goals and is approved by the board under Chapter 4723-14 of the Administrative Code.
- (G) "Curriculum" means the standard minimum curriculum to be used in a board-approved training program for community health workers as provided in rule 4723-26-13 of the Administrative Code.
- (H) "Delegation" means the transfer of responsibility for the performance of selected nursing tasks from a registered nurse to a community health worker.
- (I) "Didactic" means the component of an educational program that provides faculty-interactive instruction and includes lecture, verbal instruction, or other means of exchanging theoretical information between instructor and students.

- (J) "Inactive certificate" means the status of the certificate of an individual who has made a written request that the board place the certificate on inactive status. An individual with an inactive certificate does not hold a current, valid certificate.
- (K) "Laboratory experience" means an activity planned to meet course objectives or outcomes and to provide a community health worker student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of care, that takes place in a learning resource center or other appropriate location.
- (L) "Lapsed certificate" means the status of a certificate of an individual who did not meet all of the requirements of certificate renewal and has not requested prior to the renewal deadline that the board place the certificate on inactive status.
- (M) "Patient" means the recipient of a nursing task delegated by a registered nurse and may include an individual, group, or community.
- (N) "Registered nurse" means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a registered nurse.
- (O) "Representative of the board" means an employee of the board or an individual designated by the board to act on its behalf.
- (P) "Site visit" means an announced or unannounced visit to a community health worker training program by a representative of the board to determine whether the program meets or maintains the minimum standards require by the board.
- (Q) "Supervision by a registered nurse" means initial and ongoing direction, procedural guidance, observation, and evaluation by a registered nurse who is continually available in person, or by some form of telecommunication, of the nursing tasks performed by a community health worker. For purposes of Chapter 4723-26 of the Administrative Code, supervision by a registered nurse is not required when a community health worker is performing non-nursing tasks.

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4723.86, 4723.87, 4723.88
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02/01/2021

4723-26-04

Renewal of community health worker certificate.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

- (A) The board shall provide on-line access to a "Community Healthworker Renewal Application" to every holder of a current, valid certificate, except when the board is aware that the individual may be ineligible for certificate renewal for any reason, including those reasons set forth in section 4723.092 of the Revised Code. Failure of the certificate holder to receive an application for renewal from the board does not excuse the certificate holder from the requirements of section 4723.85 of the Revised Code and this chapter, except as provided in section 5903.10 of the Revised Code.
- (B) To renew a certificate to practice as a community health worker a holder of a current, valid certificate shall meet the continuing education requirements set forth in rule 4723-26-05 of the Administrative Code and submit:
- (1) ~~Submit a~~ completed on-line "Community Healthworker Renewal Application";
and
 - (2) ~~Submit a~~ renewal fee of thirty-five dollars; ~~and~~
 - ~~(3) Meet the continuing education requirements set forth in rule 4723-26-05 of the Administrative Code.~~
- (C) If a completed renewal application is not submitted on-line on or before March first of each odd numbered year, the application shall be considered late and a late fee of fifty dollars shall be imposed in addition to the thirty-five dollar renewal fee.
- (D) A certificate holder with a current, valid certificate may request that the certificate be placed on inactive status at any time by submitting to the board a written statement or electronic request asking that the certificate be placed on inactive status.
- (E) To reactivate an inactive certificate or reinstate a lapsed certificate the certificate holder must meet the continuing education requirements set forth in rule 4723-26-05 of the Administrative Code and submit:
- (1) A completed "Community Healthworker Reactivation and Reinstatement Application" including all required documentation; and
 - (2) A reactivation fee in the amount of thirty-five dollars; ~~and.~~
 - ~~(3) Verification of completion of continuing education in accordance with rule 4723-26-05 of the Administrative Code.~~

- (F) A certificate holder who has placed a community health worker certificate on inactive status is not required to pay a renewal fee unless the holder seeks to reactivate the certificate. If the certificate holder placed a certificate on inactive status after March second of the year in which the certificate was to be renewed, and notifies the board on or before March thirty-first of the same renewal year of the intent to reactivate, the certificate holder must still pay the late processing fee required by paragraph (C) of this rule.
- (G) If a certificate to practice as a community health worker is not renewed by March thirty-first of each odd numbered year and the certificate holder has failed by that time to request that the certificate be placed on inactive status, the certificate will lapse.
- (H) When a community health worker certificate is inactive or lapsed, the individual shall not represent or imply to the public that he or she is certified by the board as a community health worker.
- (I) An individual who continues to represent to the public that he or she is a certified community health worker during the time that his or her certificate is inactive or lapsed, may be subject to disciplinary action by the board in accordance with rule 4723-26-11 of the Administrative Code.
- (J) A community health worker certificate holder who is a service member or veteran, as defined in rule 4723-2-01 of the Administrative Code, or who is the spouse or surviving spouse of a service member or veteran, may be eligible for a waiver of the late application fee and the reinstatement fee according to rule 4723-2-03 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates: 10/11/2024

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4723.88
Rule Amplifies: 4723.85
Prior Effective Dates: 02/01/2005, 02/01/2010, 02/01/2014, 02/01/2015,
02/01/2020

4723-27-04

Medication aide certification.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) To be issued a medication aide certificate the following requirements must be met:

- (1) The applicant must be at least eighteen years of age;
- (2) The applicant must have a high school diploma or a high school equivalence diploma as described in section 5107.40 of the Revised Code;
- (3) If the applicant is to function as a certified medication aide in a nursing home, the applicant must be a nurse aide who satisfies the requirements of division (A)(1), (A)(2), (A)(3), (A)(4), (A)(5), (A)(6), or (A)(8) of section 3721.32 of the Revised Code;
- (4) If the applicant is to function as a certified medication aide in a residential care facility the applicant must be either:
 - (a) A nurse aide who satisfies the requirements of division (A)(1), (A)(2), (A)(3), (A)(4), (A)(5), (A)(6), or (A)(8) of section 3721.32 of the Revised Code; or
 - (b) The applicant must have at least one year of direct care experience in a residential care facility;
- (5) The applicant must submit a completed "Medication Aide Application";
- (6) The board must receive the results of a criminal records check conducted according to section 4723.091 of the Revised Code ~~that indicates the individual is not ineligible for certification as specified in section 4723.092 of the Revised Code;~~
- ~~(7) The applicant is not required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country;~~
- ~~(8)~~(7) The board must receive written verification that the applicant has successfully completed an approved medication aide training program, and documentation indicating applicant passed a board approved examination. The minimum passing grade on the written component of a board-approved examination shall be eighty per cent. A student must successfully complete each of the

skills evaluation tasks included in the clinical component of a board-approved examination in order to pass; and

- ~~(9)~~(8) The applicant shall submit to the board the fee for a medication aide certificate required by paragraph (A)(1) of rule 4723-27-10 of the Administrative Code.
- (B) The holder of a medication aide certificate who is not a state tested nurse aide but who qualifies for a medication aide certificate under paragraph (A)(4)(b) of this rule, may only function as a certified medication aide in residential care facilities.
- (1) If the certificate holder has, following certification, satisfied the requirements of division (A)(1), (A)(2), (A)(3), (A)(4), (A)(5), (A)(6), or (A)(8) of section 3721.32 of the Revised Code, the holder may submit documentation to the board and a written request that the holder's certification be amended to allow the holder to function as a medication aide in nursing home facilities or residential care facilities.
- (2) If the board determines that the certificate holder has submitted valid documentation, the board shall amend website verification to reflect the amended status of the certificate holder.
- (C) Medication aide certificates shall be renewed biennially according to rule 4723-27-05 of the Administrative Code, and shall be valid from May first of even numbered years until April thirtieth of the following even numbered year.
- (D) If a medication aide certificate is issued by the board on or after February first of an even numbered year, the certificate shall be valid, unless the certificate is made inactive or if disciplinary action has rendered it invalid, through April thirtieth of the next even numbered year.
- (E) An individual who holds a current, valid medication aide certificate issued by the board under section 4723.651 of the Revised Code and this chapter, may use the title "medication aide-certified" and the initials "MA-C."
- (F) If an applicant fails to meet the requirements for certification within one year of receipt of their application, the application is void and the fee forfeited. The application form shall state the circumstances under which this forfeiture may occur.
- (G) The board shall not endorse applicants who have been licensed or certified as medication aides in jurisdictions other than Ohio.

Effective:

Five Year Review (FYR) Dates: 10/14/2021

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4723.69
Rule Amplifies: 4723.61, 4723.64, 4723.65, 4723.651, 4723.652,
4723.653, 4723.66, 4723.67, 4723.68, 4723.69
Prior Effective Dates: 02/01/2006 (Emer.), 05/01/2006, 02/01/2008,
02/01/2009, 02/01/2012, 02/01/2014, 04/01/2017

4723-27-05

Renewal of a medication aide certificate.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) Medication aide certificates shall be renewed biennially on or before April thirtieth of even numbered years.

(1) The board shall provide access to an on-line "Medication Aide Renewal Application," to every holder of a current, valid certificate, except when the board is aware that the individual may be ineligible for certificate renewal for any reason, including those reasons set forth in section 4723.092 of the Revised Code.

(2) To renew a medication aide certificate, a holder of a current, valid certificate shall complete the continuing education requirements set forth in rule 4723-27-06 of the Administrative Code and submit:

(a) ~~Submit a~~A completed "Medication Aide Renewal Application"; and

(b) ~~Submit the~~The renewal fee required by rule 4723-27-10 of the Administrative Code; ~~and~~

(c) ~~Verify successful completion of the continuing education requirements set forth in rule 4723-27-06 of the Administrative Code.~~

(B) A certified medication aide with a current, valid certificate who does not intend to practice as a medication aide in Ohio may request that the certificate be placed on inactive status at any time by submitting to the board a written statement or electronic request asking that the certificate be placed on inactive status.

(C) If a medication aide certificate is not renewed by April thirtieth of each even numbered year and the certificate holder fails by that time to request that the certificate be placed on inactive status, the certificate shall lapse.

(D) If a medication aide certificate is inactive or lapsed for two years or less, the board may reactivate or reinstate the certificate if the individual completes the continuing education requirements set forth in rule 4723-27-06 of the Administrative Code and submits to the board within two years from the date the certificate was made inactive or lapsed; all of the following:

(1) A completed "Medication Aide Reactivation and Reinstatement Application"; and

- (2) The applicable fee set forth in paragraph (A) of rule 4723-27-10 of the Administrative Code; ~~and,~~
 - ~~(3) Documentation of successful completion of the continuing education requirements for renewal of a certified medication aide required by rule 4723-27-06 of the Administrative Code.~~
- (E) If a medication aide certificate is inactive or lapsed for more than two years, it shall not be reactivated or reinstated unless the applicant submits to the board all of the following:
- (1) A completed "Medication Aide Reactivation and Reinstatement Application";
 - (2) The applicable fee set forth in paragraph (A) of rule 4723-27-10 of the Administrative Code; and
 - (3) Written verification from an approved medication aide training program that the applicant has, within six months prior to submission of the application, successfully completed the medication aide training program.
- (F) A certificate holder who has placed a medication aide certificate on inactive status is not required to pay a renewal fee unless the holder seeks to reactivate the certificate. If the certificate holder placed a certificate on inactive status on or after March first of the year in which the certificate was to be renewed, and then notifies the board on or before April thirtieth of the same renewal year of the intent to reactivate, the certificate holder must still pay the late processing fee required by paragraph (A)(3) of rule 4723-27-10 of the Administrative Code.
- (G) During the time that an individual's certification as a medication aide is either inactive or lapsed, the holder may not administer medications as a certified medication aide.
- (H) An individual who administers medications as a certified medication aide or represents to the public that the individual holds a current valid medication aide certificate, who has failed to renew a medication aide certificate issued under this chapter, or while the certificate is under suspension, inactive or lapsed, may be subject to disciplinary action under rule 4723-27-09 of the Administrative Code.
- (I) A medication aide certificate holder who is a service member or veteran, as defined in rule 4723-2-01 of the Administrative Code, or who is the spouse or surviving spouse of a service member or veteran, may be eligible for a waiver of the late application fee and the reinstatement fee according to rule 4723-2-03 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates: 10/14/2021

Certification

Date

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4723.653, 4723.66, 4723.67, 4723.68, 4723.69
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04/01/2017